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EDITORIAL COMMENT

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FINAL SERVICES FOR FLORENCE NIGHTINGALE

FLORENCE NIGHTINGALE's body was laid to rest on Saturday, August 20, in the churchyard at East Wellow, Hampshire. As had been anticipated, interment in Westminster Abbey had been offered and was refused by her executors.

The day of burial was a rainy one. No announcement had been made as to when the last journey would take place, so there was no large assemblage of spectators when, at ten in the morning, the coffin, covered with a white India shawl, such as Miss Nightingale constantly wore in late years, was borne from her simple London home to Waterloo station.

As the unpretentious procession passed Buckingham Palace and Wellington Barracks, the guards turned out and the sentries presented arms. The bearers who took the coffin from the hearse to the train and who accompanied it to Romsey were guards.

There is a fine old abbey at Romsey,—its flags were at half mast, and its bells were tolled as the little procession took its way through the town and country-side so familiar to Florence Nightingale's youth, making a détour through the grounds of her early home, Embsay Park.

At the wicket gate of the church the procession was augmented by a company of tenants and employees of the estate, and in the church porch was waiting one of Miss Nightingale's patients of the Scutari Hospital, John Kneller, who rose feebly.

The simple church service was read, and three hymns were sung,—“The Son of God Goes Forth to War,” “On the Resurrection Morning,” and “Now the Laborer's Task Is O'er.” After this, the coffin was lowered into the Nightingale tomb which was lined with evergreens.

FLORAL TRIBUTES

The accompanying illustrations, for which we are indebted to the thoughtfulness of Miss Breay, of the *British Journal of Nursing*, will

give some idea of the wealth of flowers which were sent in an effort to show the love and appreciation of the family, friends, rulers, ambassadors, nurses, nursing associations, doctors, soldiers, sailors, suffragists, and the common people. American nurses will feel glad that they were represented in the gift of two of the wreaths, those of the International Council of Nurses, and of the American Federation of Nurses.

A wreath of heather was sent by a child of seven, Stella Forster, with the message, "Please may my wreath be put with the other flowers. I picked the heather and made it myself, because I love her so." Surely that little offering represents the spirit of all the givers, high and low.

#### MEMORIAL SERVICES AT ST. PAUL'S

On the same day as the funeral, a memorial service was held at St. Paul's Cathedral, London, and the great edifice was filled by an audience representing almost every walk in life, nurses, soldiers, and veterans being present in large numbers.

The service opened with Chopin's Funeral March, followed by "The Son of God Goes Forth to War," sung by men's voices. The psalms read were the 5th, 23d, and 27th; the lesson was from 1st Corinthians xv. The order for the burial of the dead was used, followed by the Dead March in Saul, and the Liturgy of St. Chrysostom. The final hymn was "The King of Love My Shepherd Is."

#### TRIBUTES FROM THE PRESS

Many of our training schools might like to secure for their libraries some of the remarkable tributes that have been paid to Miss Nightingale in the press of the world during the last few weeks. We append a brief list of those that have come to our notice: *British Journal of Nursing*, August 27; *Nursing Times* (published by Macmillans), August 20 and 27; *London Daily Mail*, August 20; *London Spectator*, August 20; *London Times*, August 15, editorial and special memoir; *London Times*, August 22, account of the funeral; *Montreal Star*, August 15, editorial and special memoir; *New York Evening Post*, August 15, editorial and special memoir; Article in *Votes for Women*, August 19 (4 Clements Inn, London, W.).

#### MEMORIAL TO ISABEL HAMPTON ROBB

THE present issue of the JOURNAL has been fittingly dedicated to the memory of Mrs. Robb by the JOURNAL directors, and it is not unsuitable that our thoughts should be turned to Miss Nightingale and Mrs.



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THE PATH TO THE CHURCH PORCH BORDERED WITH WREATHS.

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THE NIGHTINGALE TOMB ON SATURDAY EVENING, AUGUST 30TH.



Robb at the same time, for they knew and honored each other; one was a pioneer for her whole profession, the other for a portion of it. Several articles on Miss Nightingale, written by those of our number who knew her, have been promised us and will appear in the near future.

#### LAX MANAGEMENT

To the boards of managers of public institutions is entrusted a two-fold responsibility, that to the persons directly under their care and that to the community of which they are a part. Two instances of shocking neglect, involving principles which undermine both individual and community morals, have recently been brought to our notice.

First, from a western city, comes a letter from an ex-officer in a reform school for girls which tells its own story:

The fact that you've been interested in the venereal situation at G— makes me wish to tell you of the situation in M—.

The superintendent of the school told me that all venereal cases were segregated. This is absolutely without fact to support it. The cottage to which I was assigned was the place in which the venereal clinic is held every two weeks. There are seventeen known cases of syphilis—but there is no effort made to discover if more exist. These are in varying stages, and yet with all the horrible discharge there is no segregation. The clothes of these girls are washed with the other girls'. They eat with the others, and their dishes are not marked or washed alone. They use any glass handy. They drink out of a common dipper, and the only attempt at segregation is their toilet and bath; in some instances this has not been observed. One girl who had been diseased long enough to have a large crop of venereal warts was not known (?) to be diseased until she began to break out.

The two basement monitors—whose duty it is to look after toilets and to see that *all* girls bathe—are both syphilitic! They wash the handkerchiefs and the stockings for the entire family! They work at almost everything that the others do. There is absolutely no attention paid to gonorrhœa and nobody—I asked the physician—knows how many gonorrhœa patients are in the home. Gonorrhœal girls do the cooking and the laundry—even of the "officers."

I felt all of us had every chance to get one or both of the diseases. I separated the girls' clothes and compelled the syphilitics to eat in their rooms, and to drink out of their own cups, but I was not permitted to isolate them or establish any system of disinfecting clothing. In one instance a syphilitic patient was discharged one week and the next week her drawers, night-dresses, vests, undershirts, and uniforms were given out to other girls.

There is no nurse at the school and the "manager" of the cottage is expected to assist with all clinic girls every two weeks. When venereal warts are removed, you are expected to hold parts *without* rubber gloves—"scarey," isn't it, where one drop of that stuff would "fix" forever? It was too scarey for me—especially with gonorrhœa spoken of as if it were catarrh. "Oh, I guess 80 per cent. have it," says the superintendent,—and absolutely *nothing* being done.

If such conditions exist in one school for wayward girls,—what of the others? Here is work for our public health committees, here is work for each of us who should be interested as a woman, a citizen, and a nurse. Evidently these schools need investigating as badly as do the almshouses. Club women should be interested, and boards of managers enlightened wherever such menace to the health of the nation exists.

The second example of indifference to the common good comes even nearer home. In a public hospital in an eastern state a superintendent of nurses of high character and ability has resigned after a hopeless effort to prevent a wrong to her profession. She says of her experience:

Our board wanted to lower the moral standard by giving the diploma to a girl who had admitted doing disreputable things and had resigned. They told her she might reconsider her resignation and appear before them (she had refused to do so when I gave her the chance). They thought because she was nearly through her course she should have her diploma. I asked them if she was the kind of woman they wanted to send into people's homes. One of the doctors on the board said: "Let the families look out for themselves." He added further that he thought "if she had been so slick as to get so nearly through without being caught she ought to have a diploma for her duplicity." I told them I would not sign her diploma. They let it run along from January until the last of June, then the secretary asked me to sign it and send it to him. I told him I would not sign it. About a week later they held their annual meeting and appointed me for another year. Two days later a committee waited on me to sign that diploma. I would not do so, but resigned and left the place. I told them I would deserve to have my own diploma taken from me if I did such a thing. They said they would take the responsibility, but they cannot be responsible for what I do. The hospital is supported entirely by state appropriation, and the trustees are appointed by the governor. The secretary of the board, when I reported the matter to him, said he did not know as it was enough to forfeit her diploma, and he referred to another hospital, which he told me about, where one of the nurses became involved in a scandal with a prominent man, son of one of the board ladies. She had midnight operations and they got her into another hospital. He said he had been told by a doctor who got his information from other doctors and superintendents that half the women that graduate from training schools were immoral women.

What can we do to keep our ranks undefiled if trustees of hospitals deliberately graduate immoral women?

One thing can be done. The example of the woman who resigned can be followed. The exact situation in that hospital should be made known to every applicant for the office she has relinquished, and we believe no self-respecting upright woman with the good of her profession at heart will follow her. It ought to be impossible for those trustees to secure a superintendent of principle while their own standards are so low

This makes the third instance of similar action on the part of boards of managers, each representing a different state, that have come to our knowledge in a comparatively short time. It may become necessary to establish, in connection with the Superintendents' Society, a registry, kept by the secretary, through which the moral status of the management of every hospital and asylum in the country shall be kept, so that before a member accepts a position she may write to the secretary for information.

It would seem that the principles which Mr. Roosevelt is urging to be applied to political offices are equally needed by those managers of institutions who are without a sense of proper moral responsibility. Fortunately our own experience has been to the contrary, and the directors whom we have known have been as quick to recognize and to punish any deviation from the path of right doing on the part of employees as we ourselves could be. It is such things and such people as those described that keep some of our hospitals in disrepute with the public.

#### PROFESSIONAL OBLIGATION

A HACKNEYED subject, but one which must be taken up for comment again and again, so long as nurses are human, and busy themselves in their own individual work, forgetting that they owe a helping hand to their associates. The superintendent who runs her own school beautifully, but fails to take part in any of the superintendents' societies, national, state, or local; the head nurse who keeps her ward in excellent running order, but who does not belong to her alumnae association and knows nothing of nursing affairs outside her own institution; the private nurse who is faithful and unselfish in the care of her own patients, but who pursues her path alone, without giving or receiving help; the district nurse who is efficient and helpful in her own sphere, but who cannot be depended upon in any organization work,—all these are missing part of the opportunity and obligation of professional service, and both they themselves, and their work will be the poorer for their failure in the end.

This is the time of year when all organization life begins afresh, new officers are elected, new committees are formed, new programmes are planned. What will be your share in the winter's work? Shall you be a parasite, living complacently on the efforts of others? or an outcast, living aloof from all our vital interests? or a worker? Every call to service, whether it is a request to hold office, to serve on a committee, to write a paper, or to help in a discussion should, if possible, be complied with, for the very request is a recognition of a nurse's own work and a reflected honor to her school. School standards show in the character

of their graduates, some furnish many eager helpful workers, others are never heard from, though those who are arranging meetings may try again and again to find some one to represent them.

For the sake of service to your profession, for your own broader development, for the honor of your school—enter into close relations with the associations which may reasonably claim your support, and do what you are asked to do.

#### CARE OF MALE PATIENTS

THIS is one of those perennial problems which appear in our pages, are vigorously discussed for a few months, and then subside, only to reappear after a year or two to be threshed out again. It is inevitable that it should be so, for we are continually adding new workers to our ranks and new readers to our JOURNAL list who have not gone through the controversy in the past and who should make up their minds very clearly on this point which involves a moral as well as a professional question.

Our own point of view, which has been expressed at length before, may be summed up by saying that to perform some unusual service for a sick man in an isolated locality, in an emergency, is very different from making that service a part of the routine training for pupils in the hospital. If a young woman is shown once, during her training, how to catheterize a male patient (and some occasion usually arises when this instruction can be properly given) it is not necessary for her to go through the process again and again in order to know how,—by once showing she is sufficiently prepared to meet the situation.

"T. M. M." makes three strong points in her letter on the subject in the September issue: First, that our pupil nurses should be tenderly guarded from temptation by their superintendents during training; second, that nursing service may be distorted in the minds of some men into a channel of evil thought; third, that in caring for children we do not sufficiently consider the moral injury done them by any needless exposure or examination.

If nurses are to take an earnest and active part in the campaign for moral prophylaxis, one of the first steps is to guard the moral atmosphere of every hospital, that nurses, internes, and patients may leave it with higher standards of thought and conduct, not with sensibilities blunted and ideals lowered. The influence of one good woman will sometimes transform a whole institution from a place where low jokes are permitted to one where each human being is a little better for having sojourned there.

**ANOTHER WORKER DISABLED**

SAD news reaches us of Miss Augusta J. Robertson, who has been for some years superintendent of Eliot Hospital, Manchester, New Hampshire, that she is the victim of a nervous trouble which has resulted in total blindness, a condition for which the doctors as yet promise no relief. Miss Robertson attended the May meetings in New York and was attacked by this illness soon after her return. Her work in her profession has been done so quietly that only those closely associated with her have realized its value, yet she has been one of the leading spirits in the excellent organization and work of the New Hampshire state association, and one of the deeply interested and loyal supporters of the national associations. The *JOURNAL* has found her always one of its warmest allies. She is a graduate of the Massachusetts General Hospital and was for a short time superintendent of nurses at St. Luke's, Chicago, but it is with New Hampshire that her name is associated, where she presided over a delightfully home-like little hospital, took keen interest in the farm attached, and had all her pupils sleeping out on the hillside in tents. No one who has been there can imagine the place without her happy presence.

Her many warm friends will hope most earnestly for the restoration of her health and sight.

**NEWS FROM MISS DAMER**

MISS DAMER, we are happy to report, is gaining in general health, though there is not yet the improvement in her eyesight which it is hoped will come in time. With characteristic faithfulness she has been at her post of duty all summer in charge of the children and young girls at Echo Hill Farm.

**THE INTER-STATE SECRETARY**

MISS McISAAC begins her work in the middle west, appointments for Minnesota and Indiana being reported in the announcements from those states for October. Every nursing association in those localities, no matter how small, and every training school, should endeavor to have a visit from her. She has a sane, practical judgment on all nursing problems and will be most helpful to the perplexed and struggling workers, whom she will be glad to meet. The opportunity of having a visit from a consulting officer of our national societies has never before been ours, and should be made the most of while it is available.

**THE NEW YORK STATE MEETING**

IMPORTANT business, including questions of reorganization, will occupy the New York nurses at their annual meeting, and interesting speakers have promised to present papers. Rochester, the meeting-place, will be in gala attire at the time for its industrial exposition, and another convention is scheduled for the same dates, so that it will be necessary for all nurses who intend coming to secure room well in advance. The superintendents will have a conference with Miss Goodrich on the first day.

**CHANGES IN ADDRESS**

No one knows (except the subscription clerk) what a vast amount of trouble is saved by the thoughtful subscriber who sends both new and old addresses when requesting that the address on her JOURNAL be changed. To illustrate how many unthoughtful people are on our lists, let us tell the story of a recent day in the business office of the JOURNAL, when it took *six hours* to locate changes that could have been made in less than half an hour had both addresses been sent. It should be borne in mind that many duplicates of the same name appear on our file and that it requires the greatest care to keep them from confusion. By sending both addresses one may be sure that her magazine will not go astray.

Perhaps this is a good time, too, to say once more that the JOURNAL pages close on the 18th day of each month, and to remind contributors that all material for the JOURNAL, of every sort, should be sent to the editorial office at Rochester; only subscriptions and advertisements belong to the business department at Philadelphia.

**ADDRESSES WANTED**

There is, at the editorial office, a post card for Miss Lydia Holman which we should be glad to send her had we her address. A contributor who recently sent a paper on The Care of the Insane, signed with her initials only, is also asked to send her name and address to the editor.

## **MEMORIAL SKETCHES OF ISABEL ADAMS HAMPTON ROBB**



### **EARLY LIFE**

ISABEL ADAMS HAMPTON was born in Welland, Ontario, Canada, in 1860, and seems to have received her education there, with the exception of a year or two spent at the Collegiate Institute, St. Catharines. Her parents were both born in Cornwall, England, and she was one of seven children, having three brothers and three sisters. Dr. Robb writes, "I have often heard her tell about her playmates and the good times she had with her brothers and sisters. She was fond of all sorts of games, and I have heard her say that she would deliberately stay after school for a game of croquet, knowing full well that she would be punished on her return for being late."

Miss Nutting writes: "Mrs. Robb often talked to me about her home life, and I drew from her a clear and distinct impression of a life of great simplicity and severity. She often spoke of the household duties both before and after school, and of the way in which duty and work always came before pleasure and inclination. I have many times felt that the almost childlike delight which she took in the ordinary joys and pleasures of life were due to having somehow missed most of them in her childhood and youth."

At the age of seventeen, "Addie Hampton," as she was then called, went to Merritton, a town not far away, to teach the junior, not the lowest, form in the public school at a salary of \$300 a year, a position which she held for four years, until July, 1881. During these years she boarded in St. Catharines in the family of one of the married teachers, and took some private lessons in Latin and German.

Her certificate for teaching covered a period of three years, but was extended over another year by the inspector at the request of the board in control of the school, which also passed resolutions of approval of her service at the time of her leaving.

The fact that another certificate was required to continue her work, and that this involved the passing of a more difficult examination seems to have been the immediate cause of her giving up teaching. Dr. Robb thinks she did not try the examination, but Mr. Henderson, former head master of St. Catharines, who was her friend and adviser at this time,

and Miss Snively, who also knew her during these years, both think she failed to meet its requirements. If that is the case, her later successes as an earnest student and a teacher seem all the more interesting.

Miss McIsaac writes: "I have more than once heard Miss Hampton express regret that she had missed a higher education in her youth, and once when she expressed envy of a nurse whose education had been very liberal, and I told her she ought to be thankful for brains rather than education, she laughed and said she tried to make use of the talents she had, but her work would have been so much easier had she been better prepared."

At this time of indecision, Miss Hampton heard through Miss Darche of the training school for nurses at Bellevue, and though she was somewhat young to enter, she was admitted, and from this point her career is known to her friends and is easier to follow.

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### ISABEL HAMPTON—PUPIL NURSE IN THE BELLEVUE TRAINING SCHOOL FOR NURSES, 1881-1883

BY M. E. CAMERON, R.N.

IN view of the intense interest to the friends of Mrs. Robb, in the time spent by her, while training in Bellevue Hospital, it is only fair to announce at the start, that disappointment awaits the readers of this brief sketch. The time for collecting information was so limited, and the remnant of Mrs. Robb's class so scattered, that it has been impossible to get into communication with those who knew her best at that time, and who earliest recognized her genius. The following is the merest collection of shreds, glimpses of a moment's duration, and the reader must be content to let real history go lacking for the present.

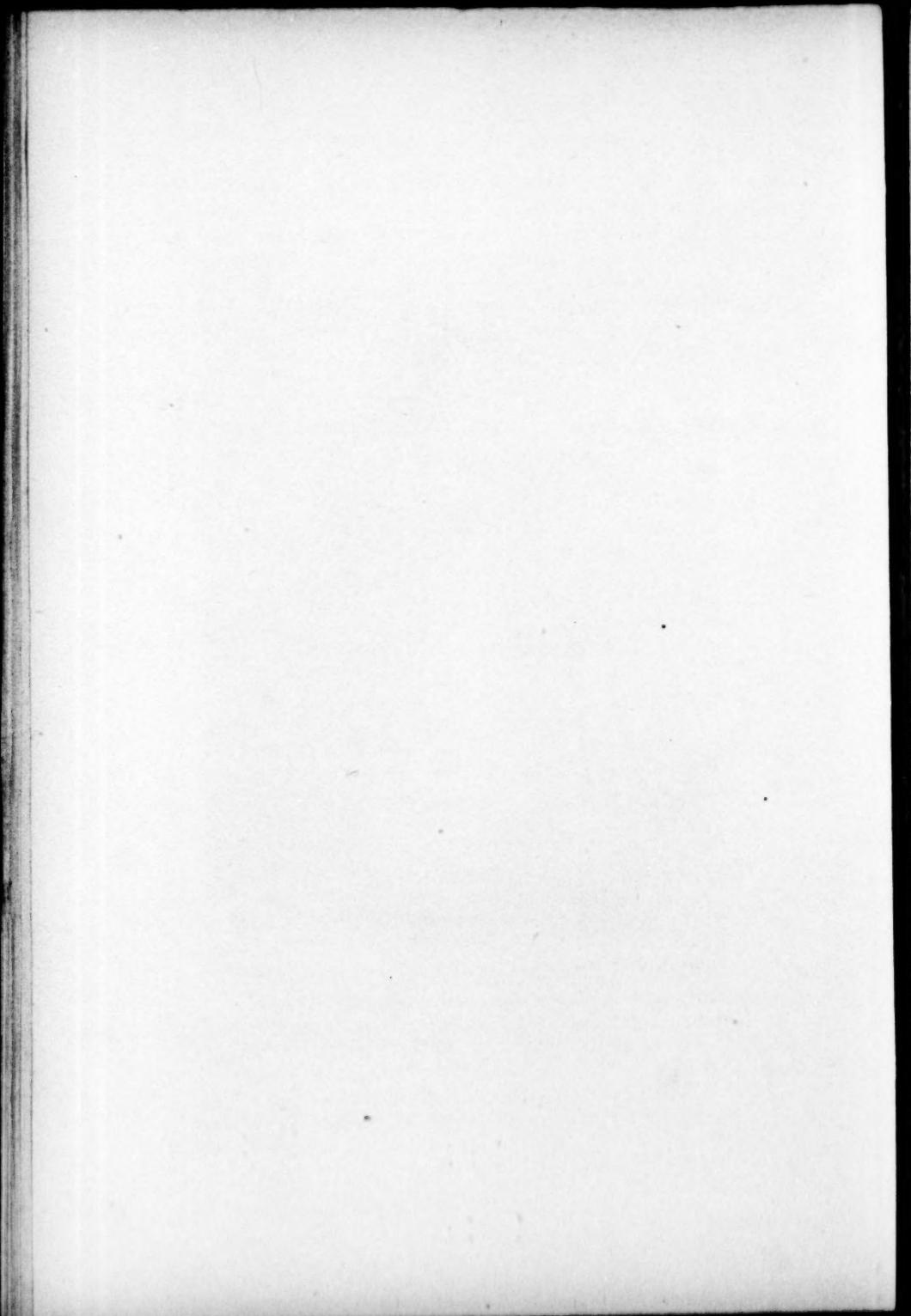
The correspondence between Miss Perkins and Isabel Hampton, prior to the entrance of the latter into the training school, has for the present disappeared, a fact to be especially deplored, since it involves the loss of a valuable index to the early opinions and character of Mrs. Robb.

The circumstances which led Miss Hampton to find her vocation seem slight indeed when one considers what issues hung upon them. She was teaching in one of the junior departments of a school in a small Canadian town, two of her fellow teachers, the principal and another, discussed in her hearing the benefits of a change of occupation—they were both older women and she naturally listened with respect to their



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**ISABEL HAMPTON AS A PUPIL NURSE SKETCHED FROM LIFE FOR  
THE CENTURY FOR NOVEMBER, 1882.**

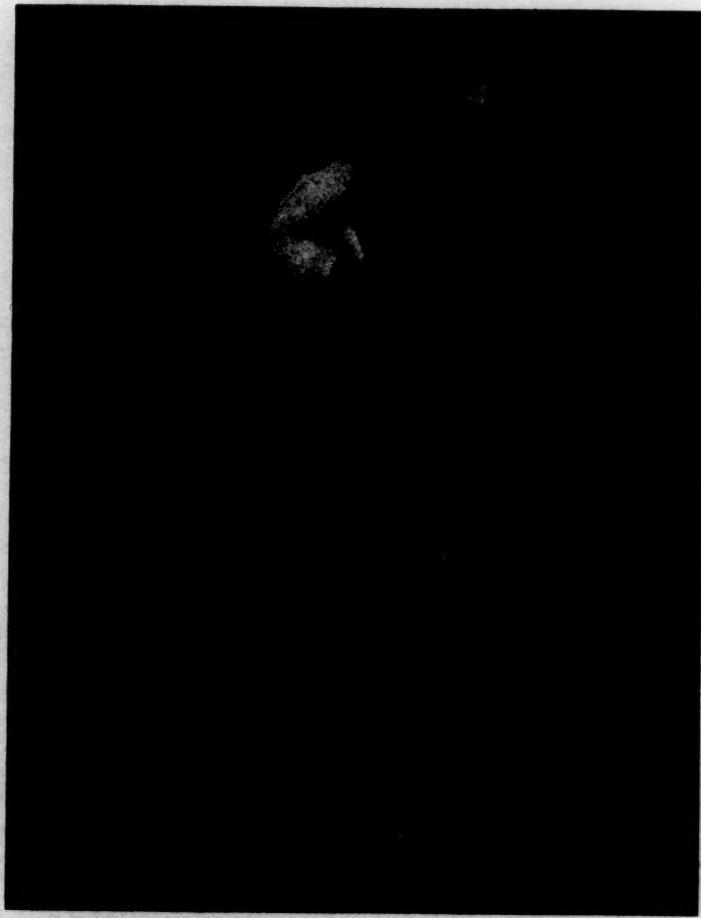


opinions. They decided upon sending for an application blank, and information regarding the Bellevue Training School; but on considering that they would have to give up assured positions with good salaries, to begin all over on no salary at all, they decided to remain at teaching for the present. Miss Hampton, however, availed herself of the application blank, filled it in, and sent it off and in due time was accepted and went through the course. Later, her friends in the Canadian school amended their first decision, and entered the Bellevue School also, where they graduated with credit and filled important positions in other hospitals and schools.

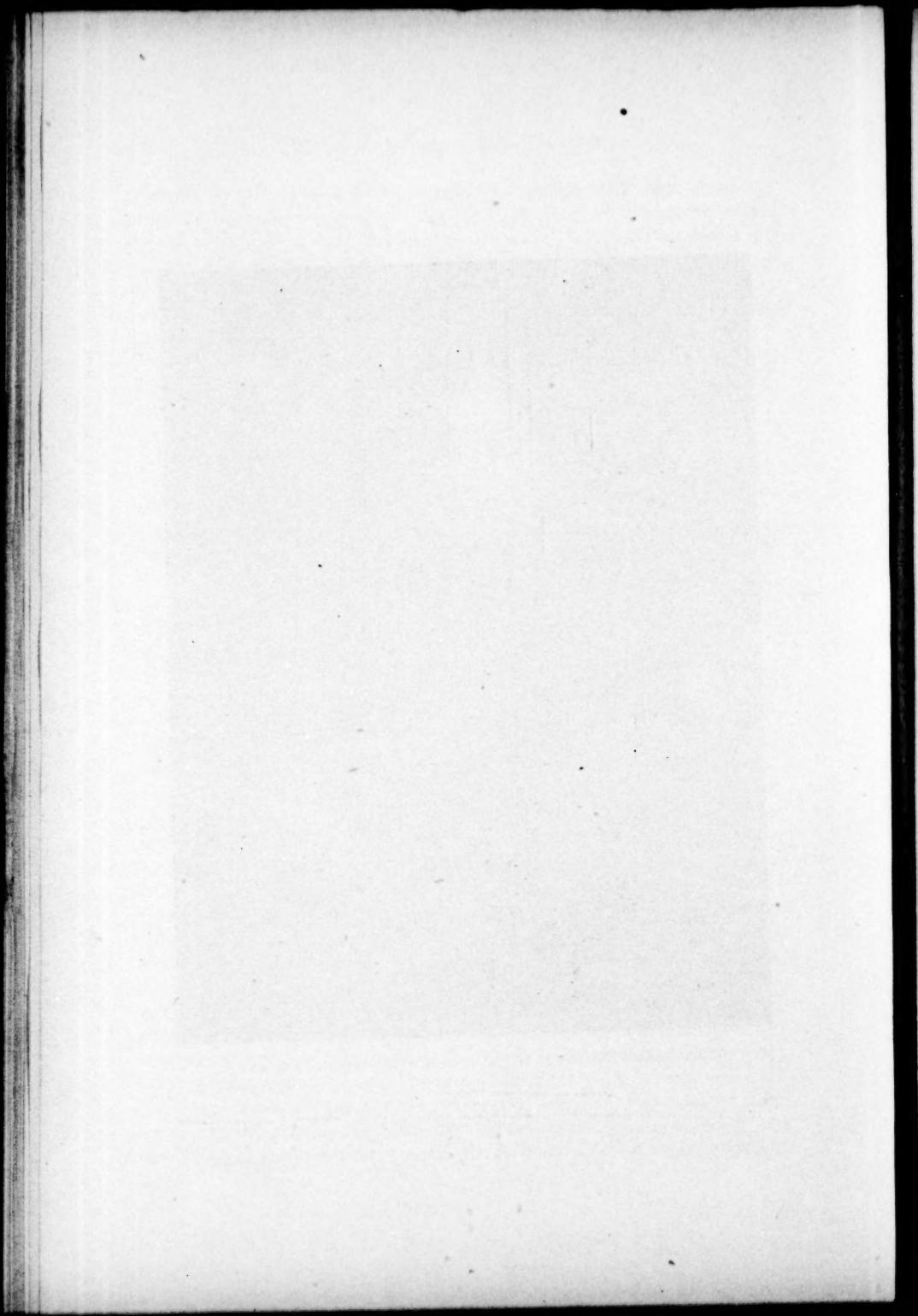
Miss Perkins, who was an unerring judge of character, appreciated the worth of the young pupil nurse from the first. It was one of the recommendations which carried weight when the writer entered the school, that she was a countrywoman of Miss Hampton. Miss Brown, the assistant superintendent, early recognized that in Miss Hampton she had a pupil who would do credit to her teaching and we owe to Miss Brown the discovery of the latent genius in the young junior nurse who was later to become the greatest teacher of nurses in her time. Among her classmates there did not exist the same enthusiasm,—small jealousy of her very great personal charm probably accounts for this in part—but there seems to be an idea still in existence, that there were nurses who folded clothes with more precision, and washed more dirty patients in a given time than Miss Hampton. She was regarded as a persistent nuisance by some of her classmates for the dogged patience with which she strove to extract from class and lecture every atom of intelligence,—comparing her own notes with those of others, following up the subject in any and every book she could lay hands upon, and questioning every doctor who lingered in the wards in the hope of more interesting conversation. That she worked to some purpose is shown in her passing her examination head in every subject despite the doubts of some of her classmates, who failed to see why both superintendent and teachers looked to her for credit to their work. What were counted faults in the pupil nurse by her seniors and co-workers were those extremely strong traits which marked Mrs. Robb through her whole career. She held to a thing as long as she could see any possibility of doing anything with it. She detested going back over work ill-done and whatever the matter in hand it was given consideration with special reference to the future as well as due regard for the present. This trait stands out in her character strongly through her training school days;—she worked towards a point which was not always visible to those in rank and file with her, rather scorning popular approval, but finding an absolute necessity in being

justified by the results. One can easily imagine that such a nature would be regarded with impatience in a busy ward, where instantaneous effects are of paramount importance. After all the training school is but the first stretch in the field of development, and no two characters develop alike in the same lines. The head nurse is very prone to restrict the field of virtue in her staff to a certain capacity for getting work ahead and at the same time maintaining a presentable appearance. It is safe to say that the rather silent and unresponsive young nurse, who needed constant pricking and goading to hurry her with her work, was not wholly occupied, body and mind, with earning her head nurse's approval of a tidy row of bed patients, but that even then her ideas of system were being tried and tested by the future author of the "Principles and Practice of Nursing," and "Nursing Ethics." According to testimony she never shirked, nor did less work than others; she took longer to do some things than her fellows, but she greatly enjoyed her work—to her "prying eye" and "waking mind" everything seemed glorious and most people wonderful. A few weeks before her lamentable death, she told the nurse who first instructed her in making a poultice, of how that nurse had always remained in her mind as a miracle worker; and from her own words, heard of many, there can be no doubt but that she found little hardship in her training, enjoying this phase of life as she did every other in turn, to its early end.

One personal remembrance of Isabel Hampton Robb as she was at the time of her graduation stands out vividly in the mind of the writer. It was when she was starting for St. Paul's House in Rome, where she spent the first two years after her graduation. Miss Perkins had summoned a probationer to her room for advice, counsel, and probably penance, and the probationer went in considerable trepidation, not knowing the fate which awaited her, but fearing the worst. In Miss Perkins' room there was a young woman of splendid proportions, straight, and round, perfectly blooming with health. Her dress was a hideous pepper and salt grey wool—of which her hat, coat, and dress were all composed—she wore neither feather nor flower and no jewelry; despite the utter absence of aid in the way of dress she was a vision of loveliness. Miss Perkins introduced the two as fellow countrywomen, the vision smiled, glowed, beamed upon the probationer, with a warmth and heartiness of greeting, the memory of which lasted many a day and at the time so uplifted the probationer that she quite forgot the perils of possible dismissal and went through her interview quite free from nervousness and came away accepted as a pupil nurse. These things happened long ago; very many of those who were privileged to share the early days of Mrs.



ISABEL HAMPTON, SOON AFTER GRADUATING FROM BELLEVUE.



Robb's life are gone to the four quarters of the globe, or else to the great beyond—so quickly are we scattered—there is, however, ample testimony that early, as later in her career, her life was that of Stevenson's prayer, "Give us to awake with smiles; give us to labor smiling; as the sun lightens the world so let our loving kindness make bright this house of our habitation." Her last days were not different from her first, she kept her charm and gaiety of manner, her eager interest in the field of her early and happy activities, albeit she had taken to herself other duties and surrendered to other claims upon her time. Superintendent of other schools, wife, and mother; she yet remains to her own school a Bellevue nurse and greatly beloved.

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### **PERSONAL RECOLLECTIONS OF ISABEL ADAMS HAMPTON ROBB—TEACHER AND FRIEND, 1886-1910**

BY ISABEL McISAAC

To adequately express an appreciation of a friendship of twenty-four years, which began as superintendent and probationer, and which has been a powerful factor in shaping one's life, is a fitting task for a gifted pen and can be approached by the writer only with a humble and reverent desire to pay tribute to a great life.

Isabel Adams Hampton came to the Illinois Training School for Nurses in July, 1886, the successor of Miss M. E. Brown, now Mrs. Dewey, of Milwaukee, and five years after the school was founded. She had returned from eighteen months at St. Paul's House in Rome but a few months before and was wholly without experience as a nursing superintendent.

A small class of probationers, among them my sister Euphemia and myself, had entered the school in June and, in accordance with the prevailing custom of that time, had finished our one month of probation upon Miss Hampton's arrival.

Our first glimpse of the new superintendent was at dinner on Sunday, July 4, a day long remembered. Miss Hampton was then about twenty-six, a picture of youthful beauty and superb health, with a peculiarly attractive manner, combining the charm of a young girl and the dignity of a woman of intelligence and experience, a manner she never lost. Nearly twenty years later, sitting with her and Miss Nutting and Miss Maxwell before a notable committee upon the Army Nursing Bill, we

remarked that same simple unaffected directness and compelling attractiveness which two of us had known as probationers.

The day following Miss Hampton's arrival in Chicago she interviewed and accepted or rejected the class of probationers and we therefore have the honor of being her first pupil nurses.

The methods of teaching and the division of time in a nurse's training, which then prevailed in all schools for nurses, was still unsystematic and disorderly and Miss Hampton seems to have been the first superintendent to grasp the possibilities of reducing both the practice and theory of nursing in the schools to a graded system.

This task of reconstruction she accomplished within a year and in our second year, when Miss Hampton and the school had the assistance and teaching of Miss Kimber and Miss Draper, the school was as systematically taught as it is to-day.

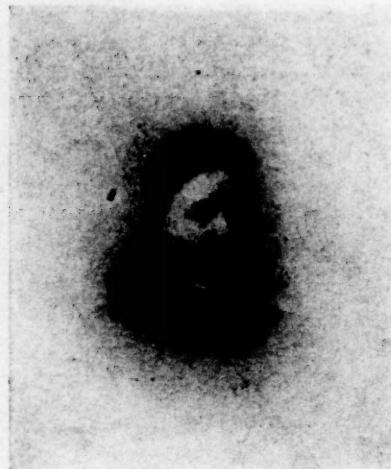
At that time, as young nurses, we were too ignorant to comprehend what such changes meant and that our superintendent was making history, but were rather more inclined to think "a new broom sweeps clean," but before our second year was over we began to dimly realize that we should be devoutly thankful for the new order of things, and now, after the lapse of these many years, we are filled with amazement at the intelligence, the discernment, and the undismayed courage which carried Miss Hampton through that period of reconstruction when the school was struggling with poverty and the dominance of corrupt politics in the hospital.

During the third and last year of Miss Hampton's administration of the Illinois Training School she brought about an affiliation with the Presbyterian Hospital which gave pupils the advantage of training with private patients, an arrangement which existed for sixteen years.

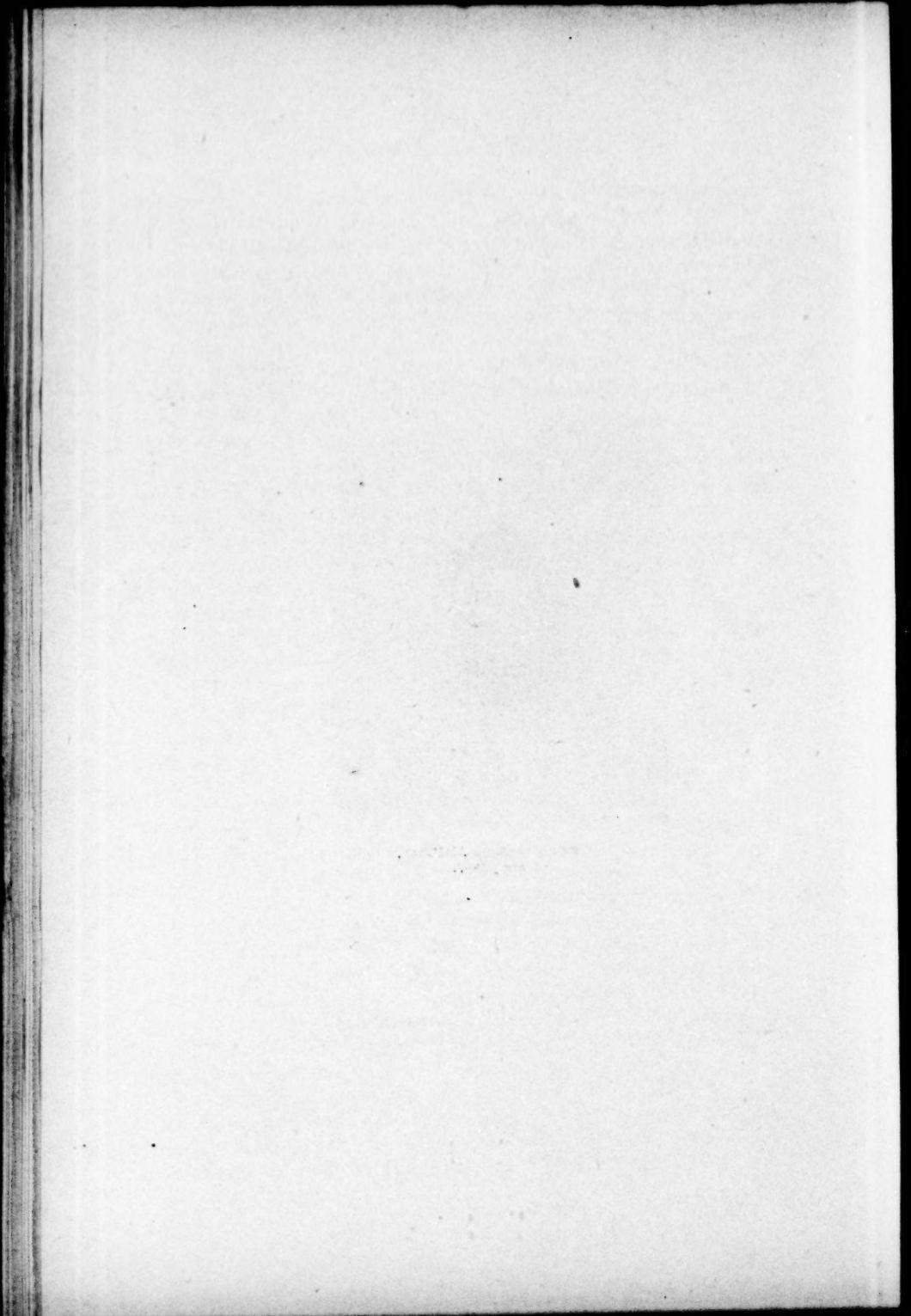
In the summer of 1889 Miss Hampton resigned and began her great work of organizing the Johns Hopkins Hospital school for nurses.

No monument of marble nor tablet of brass will be more enduring than the spirit which Isabel Adams Hampton imbued into her first school for nurses. Her life-giving enthusiasm and reverence for her profession stamped themselves upon every nurse whose good fortune it was to be among her pupils, and to one who has lived to see succeeding classes of nurses it is at times almost startling to hear the expression of the ideals and precepts she taught more than twenty years ago.

Following Miss Hampton's marriage to Dr. Hunter Robb, in 1894, it was the writer's privilege to be associated with her in some of the great plans she originated for the nursing profession and to have known her in her own home with her beloved family.



**ISABEL ADAMS HAMPTON,**  
*Chicago, 1887.*



Into all of these varied experiences, from the care and education of her children to the establishment of national organizations for nurses, she put the same wonderful enthusiasm and vivid personality; whether the subject was her baby's diet, her house or garden, or the problems of the course of Hospital Economics at Teachers College, she could do no other way than to give all of her splendid self. It is not often that a strong personality with a gift for organization has a high appreciation of the fine arts, but Mrs. Robb's attitude to music, to the drama, to painting and sculpture, and to the beauty of the mountains and the sea, was almost devotional. She said that the loveliness of the Italian lake country always brought tears to her eyes, and one who had sat beside her through a Thomas orchestra concert, or spent a day in an art gallery with her, or shared a seat with her on a drive through the mountains, never forgot her love of everything artistic and beautiful nor her boundless interest "in all things both great and small."

To have known and loved such a woman is to know that no mightier power exists in human affairs than the influence of a great and good woman.

"Were a star quenched on high,  
For ages would its light,  
Still travelling downward from the sky.  
Shine on our mortal sight.

"So when a great one dies,  
For years beyond our ken  
The light he leaves behind him lies  
Upon the paths of men."

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## RECOLLECTIONS OF MISS HAMPTON AT THE JOHNS HOPKINS

BY LAVINIA L. DOCK, R.N.

IT was while I was on duty as night superintendent at Bellevue that I first met Miss Hampton. She came to the training school one morning to see some one of her friends, and I was presented to her. I remember that, it being rather late in the morning, she reproved me for being out of bed, with that serious, dignified, sympathetic yet restrained manner so characteristic of her, which instantly struck me as the perfection of bearing for a nurse. I did not see nor hear of her again until she wrote

offering me the position of her assistant at the Johns Hopkins. I wonder now at this piece of great good fortune; I was then so crude and inexperienced that I thought everything coming my way was perfectly natural and to be expected. It amused me greatly to learn that home friends, doubtless feeling then the surprise that I feel now, concluded that there must have been some hidden "influence" at work.

I shall never forget my first sight of her there. I had been shown to my room and was taking off my things when she knocked at the door and appeared, so gracious and cordial, so wholesome and buoyant, yet so dignified; I thought I had never seen a more beautiful or majestic figure except on the pedestal of some classic sculpture. She wore the uniform that was habitual with her through most of the year, a soft black china silk with thin white cuffs and collar, and a cap, whose pattern she had designed herself and which was most becoming to her. Its extreme simplicity, almost severity, suited her perfectly. Miss Nutting afterwards wore this same cap, and it may be seen in photographs of each. Miss Hampton's color was rich and fresh, her eyes the clearest blue, unusually large and beautifully set and opened; her voice was one of her greatest charms, being very sweet and quiet, yet with a certain thrill in it when she was in earnest. Her hands were also extremely beautiful, displaying her character and power of organization. They were perfect enough to have been modeled.

The three years that followed were the most delightful possible. The hospital was new, and though the fortune bequeathed to it had been gathered by the most unlovely business methods, the trustees, who were all men of the highest aims, framed a noble ideal of its mission. It was designed to be a centre of liberal teaching and instruction, and to radiate the pure light of science for truth's sake. A fresh and inspiring atmosphere did indeed permeate the whole place, and there was not then the rush of work that has now fallen upon it. In contrast to the vast and crowded Bellevue it struck me at first as being "nearly all hospital, and very little patient."

Life in the training school was cheerful and simple. It was Miss Hampton's custom to read prayers just after breakfast, in the parlor, and with military discipline every nurse attended. It was always a new sensation to see her, serene and beautiful, enter the room with her prayer-book in hand, after the whole staff had taken place, and this impression was not lessened when I learned, later, that she had sometimes dressed in three and a half minutes. We had a hymn, which I played on the piano, then it was our custom to go with the nurses to the door and watch them go down the corridor. When I think of the hospital now,

it is always this picture that I see:—the nurses in their blue dresses streaming down the corridor, the green lawn, and young trees outside in the sunshine (the sun always shines in Baltimore), and Miss Hampton's caryatid-like figure, clad either in white or black, her large eyes radiant with pride and joy in her flock. Never was any mother prouder. Almost always, as we turned away, she would say to me with, perhaps a little squeeze of the hand, "Docky, aren't they nice?"

Baltimore had never before known the trained nurse, and Miss Hampton took from the outset the gracious yet commanding position which fixed the nurses' status in the community as a dignified and respected one, both professionally and socially. The hospital attracted a superior set of women, and the city accepted them readily, but she, herself, had not a few amusing tilts with lords of creation who were unaccustomed to see a nurse hold any command. She had a scrupulous insistence upon her own legitimate sphere of authority. There she permitted no encroachment, but, respecting others' boundaries, demanded equal respect for her own.

She was capable of a righteous indignation and of a most salutary anger, which, one always felt, was held in perfect control. Unlike most people, she was superbly beautiful when angry: her brow remained clear and her features tranquil, but her color rose, her eyes blazed and grew larger, and her pose became indescribably expressive.

No one else, I think, so well as I know the truly original and creative character of Miss Hampton's mind, for during the three years that we were together there I saw her conceive and develop all the various ideas which are now embodied in living groups of persons and in broad lines of organization. We were quite secluded in our work;—there was not the excitement and stimulus of a metropolis, where ideas are generated one knows not how and spread mysteriously, so that in a moment every one is thinking the same thing. Miss Hampton's mental visions of future nursing growth and development came as a sort of picture, hazy at first, with outlines more or less indefinite, gradually taking form until the whole was clear and vivid, filling her with joy and enthusiasm, eager interest, and an untiring energy. Thus long before a national association had been thought of she saw all its groupings, powers, and activities, and rejoiced over its great possibilities; so, too, the course at Teachers College showed itself to her in long vistas of certainties. She saw the women at work, knew what they would do, and what would come of it.

It was this reality to her of visions of the future that made her so delightful to live with and gave her her great fascination, for even if one did not always get clearly the drift of her talk, which was often impres-

sionistic and suggestive, ignoring details, one could not but be stimulated and thrilled by her rich vitality.

She had a wonderful feeling of the solidarity of women; her devotion to her profession was based on great loyalty to the cause of women's progress. She believed women to be the superior moral force, and was impassioned for every advance that brought them upward. Along with her large grasp and insight she had a certain childlikeness and simplicity. Banalities and superficial witticisms often left her bewildered, not understanding their drift. But her sense of humor in real human things was keen. Many times has she come into the office after rounds, convulsed with laughter over some ludicrous happening in the wards.

In preparing the programme for the nurses' section at the World's Fair, in 1893, Miss Hampton really went through a mental process of construction of the entire subsequent evolution of the nursing profession. She placed the papers so that certain ideas should be worked out, and waited almost breathlessly for the results she hoped for. Her correspondence with Miss Nightingale at this time was a great source of pleasure. Miss Nightingale consented to send a paper, and wrote Miss Hampton an autograph letter which she presented to the school.

At the general session of the congress on hospitals and charities she read her paper on the three-year course and eight-hour day, regarding this message as the culmination of her teaching work. The preparatory course, however, was to be Miss Nutting's contribution to educational standards.

Miss Hampton called together at Chicago the gathering which grew into the Superintendents' Association. When I look back now, and see how almost terrifying was the solemnity with which we took ourselves and the initial stages of this association I cannot but smile and wonder if any other people were ever so solemn.

Miss Hampton wrote her "Nursing: Its Principles and Practice" during those pleasant years. Most of it was written in her office, in the late afternoon, after the day's work was finished. Her power of concentration was admirable, and she had a tranquil poise, not easily disturbed even by interruption. After coming in from last rounds I would sit down and hear the newest pages. Dr. Robb used also to wander in and help with suggestions as to phrasing. I remember his practical advice, often helpful since then: "Get *something* down, it does not matter what; after making a beginning you can go ahead and then correct."

Though I was naturally dense in those days I did once in a while have a glimmer of suspicion as to Dr. Robb's visits. Marriage and domestic life seemed to me so enormously unimportant and trivial, however, that

these suspicions were but fleeting and vague. I was several years older than Miss Hampton, and thought I had enunciated my views on this subject with such convincing clearness that there could be no possibility of mistake. Great, then, was my surprise when, after having gone to Chicago to take up work there, I heard that our dear Miss Hampton had become Mrs. Robb and that the old days at the hospital had become a finished chapter.

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[ISABEL HAMPTON was married to Hunter Robb, M.D., in St. Margaret's, Westminster, London, in 1894, carrying flowers sent her by Florence Nightingale. From that time Dr. and Mrs. Robb lived in Cleveland, Ohio, and it was after her marriage that much of her organization work was done. They had two sons, Hampton and Philip.]

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### **ISABEL HAMPTON ROBB—HER WORK IN ORGANIZATION AND EDUCATION**

By ADELAIDE NUTTING, R.N.

ONE of the strongest and most obvious of Isabel Hampton's characteristics was what we might call the organizing faculty. Those who had the privilege of working with her soon recognized that in no task was she more happy than in gathering and binding together isolated and scattered units and welding them into some harmonious and effectively working association, or than in bringing unorganized and disordered affairs into clear and orderly arrangement. She had a natural aptitude for this, a natural desire to do it, and a real joy and delight in its performance. Planning, initiating, directing, and controlling,—such activities provided for her an element in which she lived and moved with the greatest ease and freedom. She was in every sense of the word a leader, by nature, by capacity, by personal attributes and qualities, by choice, and probably to some extent, by inheritance and training; a follower she never was. I have often felt that, had she been a man and in the business world, nothing could have kept her from an active and controlling share in some of the great organizations and combinations of which the world now hears so much.

I should think she must have inherited certain tendencies in this direction from her mother whom she often spoke of as unusually able in regulating and managing the affairs of the household and family,

who was a great believer in law and order and government, and a staunch upholder of British ideals in discipline. Her father, on the contrary, she frequently spoke of as gentle and thoughtful, of an idealistic and somewhat visionary temperament. It seems easy, almost inevitable in fact, to trace in the rich, full-glowing nature of Isabel Hampton, the unison of qualities at once progressive and conservative, practical and prophetic, which gave her so remarkable a power, and so inexhaustible a charm. For while, on the one hand, her plans might be of great magnitude, extending far into the future, and vastly comprehensive in grasp, seeing and covering the whole field of possible action and not occupying herself with any section or division of it, on the other hand, she would throw herself with ardor and also with steady, patient industry, into small practical details, so as to seem for the moment entirely oblivious to, and unmindful of, larger issues. For the effects produced, that is the outward results of good organization, she had a hearty and high appreciation. "Uniformity"—as such—made a special and direct appeal to her, whether it was in a detail of nurses' uniforms, a matter of ward furnishings or equipment, or methods of practical work. Her use of military phraseology in this relation was almost unconscious. Nurses were "soldiers",—an army,—we must keep in line,—keep step,—move together. But her great and constant plea for uniformity was, of course, directed toward the less tangible matters of educational methods in our schools, and to the establishment in them of such a degree of uniformity as would provide, ultimately, standards in nursing of universal recognition and acceptance. This thought, this hope, was very strong with her, as the most casual study of her writings will show. Only last year at the International Congress of Nurses in London, she presented a paper suggesting that steps be taken to establish an International Educational Standard and accepted the chairmanship of a committee for that purpose. It is safe to infer that with all these splendid natural gifts and tendencies in the direction of organization, administration, and leadership, the opportunity of fitly exercising them would have been accorded her in almost any sphere of work toward which she might have felt herself drawn. That it should have been nursing was, we know, not deliberate and intentional, not the result of long attraction for this particular field of work; it was all but unknown to her and its large possibilities quite unknown. It was one of those chances of life which to us seem more like the direct hand of Providence reaching with beneficent purpose into our daily affairs and needs, than like any mere happening. If, as some of us believe, great generals and leaders in the world's work are not usually those whose lives have been easy, com-

fortable, well ordered, and regulated, but more often those whose experiences in life have been hard,—who have been schooled in a daily struggle with difficulties, compelling them to find within themselves resources and powers sufficient for the accomplishment of their tasks,—then it is easy to understand how those early days of hospital training schools brought out and developed rapidly in certain pupils latent powers of this particular character. The training at Bellevue in those early days offered such difficulties and made such demands upon initiative resources and capacities.

Mrs. Robb's first actual hospital work after graduating was in the Woman's Hospital in New York, where she was, if I remember aright, in charge for a brief period as substitute for the superintendent. In the few weeks of her stay there she found time to institute a number of minor changes which she long after referred to, smiling rather tenderly at the recollection, as "my first authority, you know." But her first actual work in organization began in Chicago, when she sought permission to unite the Presbyterian Hospital, with its large private service, with the Cook County, a large free Municipal Hospital, in order that the pupils of the Illinois Training School might have education and training in certain branches of nursing which the free hospital alone did not offer. In Baltimore, one of her earliest efforts was to bring about a co-operation between the Johns Hopkins Hospital and the Mount Wilson Sanitarium for Infants, whereby the pupils of the training school could secure training not then available in the hospital to which they were attached. A little later, through her advice, this idea of combination was put into practice in Milwaukee, Wisconsin, in rather an extensive way,—one training school becoming the central body through which nursing was carried on in as many as eight small hospitals or sanitaria. I do not know how successful this arrangement in this particular instance may have proved, but failures in early attempts of this kind cannot be accepted as indicating that the principles upon which they are based are unsound. The affiliations between schools and hospitals, so common to-day, show strikingly how correct Mrs. Robb was in her judgment, and how true the insight which placed her so far in advance of her day in thus establishing the principle of affiliation. The belief that this system provided the only way of solving some of the problems in hospital nursing and in the education of nurses, grew stronger as the years passed by, and she frequently talked of it. She was, I am sure, quite conscious of the difficulty and complexity of this method, and of the many delicate adjustments to be made in its admin-

istration in order to establish it on a broad plane of permanence, stability, and justice.

Of Mrs. Robb's crowning work in organization, the Johns Hopkins Training School, I shall not speak, since that province has been assigned to another, but will merely say that her practical genius here had full sway, and could create standard, precedent, and tradition at will, under conditions which were at that time little less than ideal. From the very beginning the keynote of her purpose was clearly sounded. She insisted upon adding to the familiar title superintendent of nurses the further title of principal of training school, thus placing the education and training of the nurse distinctly in the foreground. This high conception of her office must have had its due effect upon the minds of those with whom she was associated though she was not alone in holding it. It was shared by Dr. Hurd, the superintendent of the hospital, who has ever had a keen recognition of the place of the training school and of its needs, and who is known by nurses everywhere as a staunch supporter of sound educational methods in nursing, and by the late Francis King, Esq., the first president of the board of trustees, Mrs. Robb's friend and adviser, who fully endorsed her views, and who was especially and deeply interested in the proper growth and development of the school. An acceptance of a large responsibility toward the training school, and of the view that the careful education and training of nurses was one of the most important of their functions, has, in fact, always characterized the trustees and other authorities of the Johns Hopkins Hospital. When, at the end of five years, Isabel Hampton resigned her charge to be married, she could point to a school working in a high state of efficiency, firmly established in the most excellent methods. She felt, as she said, that the organization was complete, when, to every post on the nursing staff in the hospital and school, a graduate of the school had been appointed and the desired degree of uniformity thus attained. She had also written her book which was to become a standard authority on nursing,—a fair record for five brief years. If she had remained with us there can be no doubt that she would have early sought to introduce certain radical changes in the work of the school, which she had already advocated and tentatively outlined in an admirable paper read at the Convention of the Society of Superintendents, held in Boston in February, 1905. Those changes involved a lengthening of the entire course of study from two years to three, in order that better and more thorough theoretical instruction and additional practical experience might be obtained. Fearing the effect of a nine-hour day upon the health of the students if it extended beyond the two years, she urged the adoption of

an eight-hour day, as a necessity for the longer course, and in order that money might be available for the instruction in various subjects, which was essential but impossible to provide, and for other needs of the students, such as libraries and school equipment, she urged the abolition of the payment of the usual money allowance to the students and its application to the above-mentioned needs. This plan, involving as it did sweeping and radical changes, was a further evidence of her skill in combining and organizing. Each one of these measures by itself was already in operation to some degree in some other school. The three-year course had been established first in 1894 in the Training School of the University of Pennsylvania Hospital, and long before this in certain schools in England. The eight-hour day had been in existence for several years, if I mistake not, in the Farrand Training School, connected with the Harper Hospital in Detroit, Michigan, and while the payment of pupils had been the common method in this country, in England there were students in several training schools who received no money allowance, but who instead, as special probationers, paid a fee for their training. It was typical of Mrs. Robb's fine instinct for bringing together those factors and measures which, valuable in individual schools, could be made of much greater value when co-ordinated into a system where each feature played its due part in strengthening and upbuilding the whole. Mrs. Robb's actual work in training school organization ceased at this period though her advice and aid in such matters were sought later in many instances and freely given. The Lakeside Training School in Cleveland, in particular, was indebted to her for much valuable counsel in its organization, and for practical service in its board of managers, which continued up to the time of her death. Outside of the training school, Mrs. Robb's contributions to the organization of the profession have been of the greatest moment. It was upon her initiative that the first meeting was called to take steps toward establishing the Society of Superintendents of Training Schools, and in its later organization and work she took a prominently active part.

Her superb achievements in the Illinois and the Johns Hopkins Training Schools marked her as the fitting one for the leadership of the national association, and she was, therefore, chosen as the first president of the Associated Alumnae of the United States. Those who knew her best knew how she shrank for the moment from assuming so great a task, but later on, as plans for its development began to take shape in her mind, it was evident that she had undertaken a congenial task to which she could whole-heartedly bend her best energies. In a few weeks spent with her at Murray Bay the summer following her election to

this office, I found her already deeply absorbed in the general scheme of organization and looking upon the future association as a great lever with which to advance the education of nurses, which it has become.

It is extremely interesting to note that her efforts to promote greater uniformity in educational standards was one of the strong factors at work in the establishment of the course in Hospital Economics at Teachers College. If the teachers and superintendents of training schools could be themselves uniformly required to prepare for their important work by some approved and accepted course of training, would not the result be greater uniformity in methods of teaching and conducting work in training schools? And there can, I think, be no logical appeal from her conclusions that a considerable degree of uniformity might thus be reached. In an excellent paper on this subject Mrs. Robb made the interesting suggestion that graduation from such a special advanced course might be made a qualification for admission to the Society of Superintendents.

It must be kept in mind that almost all of Mrs. Robb's work in organization had for its object the advancement and improvement of the education and training of nurses. None saw more clearly than she that the call which the world is making of us must be answered adequately, that we as nurses must meet our responsibilities in homes, hospitals, and the community in fullest measure if we would hold and strengthen the status which our pioneers have gained for us. Her valiant efforts were, when we come to analyze them, almost entirely centered in these matters,—how to secure a liberal education for our nurses; how to attract into our schools women of education, ability, and refinement; how to support nurses in their efforts to maintain so worthy a professional status that the field of nursing should be an inviting one to enter because of the high character of its representatives, as well as because of the enormous opportunities for service which it provides and into which it increasingly leads. But Mrs. Robb's contributions to the advancement of nursing education were not confined to her actual service in schools or associations, and she added to these steadily through voice and pen, producing noteworthy and timely papers and addresses upon various phases of training school and hospital work—of special interest and importance at the moment. All of them were carefully written, practical, suggestive, helpful, and a collection of some of the more important has recently been published. More enduring still perhaps, and certainly more immediately and widely useful, are the two books, "Nursing, Principles and Practice," of which the third edition was recently called for, and "Nursing Ethics," a small work of peculiar

interest and value, handling as it does those intimate personal matters and relationships in nursing which are so difficult to bring into the realm of ordinary instruction.

We are entirely too near Mrs. Robb and her work to attempt to place any true estimate upon it, but this we feel we know, that work so fine, so strong, so excellent, carried out in a brave, generous, and simple spirit, has its claim to immortality.

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## THE PAST, PRESENT, AND FUTURE OF NURSING IN THE UNITED STATES OF AMERICA

BY ISABEL HAMPTON ROBB

[NOTE.—The committee charged with the arrangements of the program for the meeting in honor of Miss Nightingale and her work held here in May, desired to have a paper or address on Nursing presented at that meeting by a nurse, and invited Mrs. Robb to present the paper. Under the pressure of many matters which were occupying her greatly at the time, Mrs. Robb felt unable to prepare the paper, and declined. She was written to again and urged to reconsider the matter and, at the date of her death, the chairman of the committee had not heard from her in response to the last appeal. After her death a few notes were found in her desk which were evidently the beginnings of the paper intended to be presented at the meeting in May. Dr. Robb has kindly given us these notes and permitted us to use them in any way in which we desire. We feel that nurses everywhere will wish to have the privilege of reading the last words Mrs. Robb ever wrote probably, on matters so dear to her heart.—M. A. N.]

As the development of nursing in America was the direct outcome of the English system it seems but fitting at this Jubilee meeting to give a brief account of how the work has sped in this country.

Fourteen years after the Nightingale School was established in England the first regular Training School for Nurses in connection with a general hospital was founded at Bellevue Hospital, New York, on much the same lines as prevailed in England. Hence, like her English sister, the trained nurse of America is the child of the public and not the outcome of medical development; in fact she may be said to have been thrust upon the medical profession before modern medicine had developed. In view of these facts, then, whatever the modern nurse may have to her credit of praise or blame, you of the laity must recognize her as your own product, largely the result of your own bringing up and of the opportunities you have afforded her.

Eight years after the opening of the Bellevue School I entered it as a student nurse and since that time it has been my privilege and pleasure

to keep in very close touch with nursing affairs in this country. Nor has my interest ever faltered since I have always believed that there are few, if any, occupations engaged in by women that will hold the same promise for a full and useful and happy life for her as does that of the trained nurse when once nursing has been placed upon the proper footing and its deserts and needs have been met. Having studied this subject in its many phases as they are presented to the working nurse and to the interested on-looker, anything that I may say to-day is founded upon a knowledge of actual facts, and I shall address these brief remarks not so much to the nurses who are present, and to whom the tale is familiar, but rather to those of the public who have honored us with their presence and whom we trust are interested in the story of the modern nurse. This "New Profession for Women"—as Fredric North termed it in the first article that was ever written in this country on the Trained Nurse and that appeared in the Century Magazine for November, 1882—began its life with several serious handicaps that the years so far have been powerless to lift entirely and that have seriously interfered with the best development of the work. In the first place the name "trained nurse" was not a happy selection, the word "trained" being applicable in the public mind rather to the mechanical than to the intellectual development, while as a matter of fact both are equally necessary. Moreover, the word "nurse" at the time of the inception of training schools meant usually one of two things, either a child's nurse or a Sarah Gamp order of person, to be treated accordingly. Nor have the thirty-five years of trained nurses in our midst succeeded in wholly dispelling these misconceptions from the public mind. It has been a sadly up-hill piece of work to live down this wholly unnecessary and undesirable inheritance, and in many places to-day the woman who is a trained nurse is still regarded as neither fish, flesh, nor fowl. In this connection I am reminded of an occurrence during my own training: Walking up 26th St. one afternoon I passed two small boys playing ball. As I passed one of them shouted to the other, "Look out you will hit that woman." Upon which the other replied, "She's not a woman, she's a nurse."

#### MEMORIAL SERVICES

Mrs. Ronn's death occurred by accident on April 15, 1910. On April 18, services were held in Cleveland at her home, and in Trinity Cathedral. The burial was in Burlington, New Jersey.

#### BALTIMORE

On April 19, a devotional memorial service was held in the Nurses' Home of the Johns Hopkins Hospital, conducted by Rev. John B.

Harding, of Philadelphia. The hymns sung were, "Nearer, My God, to Thee," "Abide with Me," and "I'm but a Stranger Here."

More formal exercises were held on Sunday, May 8, in the same place, reported for the JOURNAL by Miss Sherman, as follows:

The centre hall and stairway were well filled, there being present about two hundred persons,—nurses, doctors, hospital trustees, and outside friends representing every era of the hospital's history and eager to pay the tribute of loyal and loving honor to the memory of its first superintendent of nurses. Dr. Hurd, the superintendent of the hospital, presided at the service and introduced the speakers after making a short address.

Dr. Hurd, with whom Mrs. Robb was associated in the first days of the hospital, spoke of the opening of the training school in 1889 and of the address which was made then by Isabel Hampton as its first superintendent—an address in which she described the class of women who should be trained for nurses, the education and practical teaching which they should receive, and the work she hoped to do in carrying out her plans. "On that day," said Dr. Hurd, "she set up an ideal which has never been improved upon or departed from, which made this school what it is and started it so well on the right path that it could, so to speak, travel by its own momentum when she left it. She brought order out of confusion and introduced a system which has gone on increasing in usefulness from year to year. But her work was not only that of an organizer and superintendent, but, above all, that of an educator. She constantly taught her nurses, and constantly upheld the ideal of broad and thorough education for all nurses, the necessity of proper text-books, regular studies, and regular lectures by competent instructors. She was an educator always. She was also a woman of beautiful, generous nature and large heart. No one could know her without feeling that. She never lost interest in this training school after she left it in 1894, but kept in touch with affairs here and inquired constantly about its progress during the years since. I feel that we all owe a debt of gratitude to her."

Miss Nutting, a member of Mrs. Robb's first class of nurses at the Johns Hopkins, and herself the second superintendent of the training school, made the next address. Miss Nutting outlined Isabel Hampton's youth as a daughter in a well-ordered Canadian household and her training at Bellevue, of her study and work in Rome after leaving Bellevue; of her work as superintendent of nurses in Chicago; in Baltimore; and her connection after marriage with the Lakeside Hospital, Cleveland. "I was in her first class here," said Miss Nutting, "and

conditions were very unsettled. The head nurses of all the wards were women of different training schools, different nationalities, different countries, different methods and different ideals. We were taught in the classroom to do a certain thing in one way; we went into the wards and each head nurse taught us a different way of doing that particular thing, and assured us that her own was the only correct way. But Isabel Hampton held those early pupils in the hollow of her hand. We obeyed the head nurses while we were with them; but our faith in Miss Hampton and in the *rightness* of her teachings and her methods, nothing could ever shake. And it never was shaken. We knew she was right then, and we know now that she was right." Miss Nutting then spoke of the charm of Mrs. Robb's personality, her influence over her pupils and of her beauty, "her lovely complexion and beautiful blue eyes," and of the admiration which these charms excited when she lived in Rome among the dark-skinned Italians. After laying emphasis on the pleasure which Mrs. Robb derived all her life afterward from the rich memories and associations of her life in Rome, and the love she felt for Italy, Miss Nutting passed on to speak of Mrs. Robb as a writer, organizer, and public speaker. "She wrote 'Nursing: Its Principles and Practice,' the universal standard text-book for nurses, and 'Nursing Ethics,' the one book we have on that subject; but she also wrote constantly short papers, essays, and addresses, which it was her intention finally to gather together in a book, and I hope we soon now will have this book which will preserve these many short writings covering so many years of her life." Attention was then called to Mrs. Robb's work in helping to organize the Superintendents' Society and the Nurses' Associated Alumnae, and in behalf of the Hospital Economics course.

Dr. Llewellys Barker then spoke, as one of Mrs. Robb's fellow workers, upon the good she did in raising especially the social status of nurses; by insisting upon getting the best possible class of women as pupils, and by trying to make the conditions of training and nursing such as would attract the best class of applicants. "She always recognized," said Dr. Barker, "that a nurse who is refined, who is educated, who is intellectual, who has charm, can do very much more for her patient than a person who has not these qualities. Since she opened this training school, the character of women who are trained for nurses has been everywhere and in all hospitals, improved and elevated. This is the peculiar debt which we in the medical profession owe to her." Dr. Barker also added the touching detail that Mrs. Robb had all her life feared that she would be killed in a street accident; and also explained why, in spite of her lifelong wish to be buried in Canada, she was actually

buried in Burlington, New Jersey, where it will be more easy for nurses from this country to visit her grave. He closed by expressing gratitude that Mrs. Robb was spared to her family until her youngest son was eight years old and for the blessing it has been to her two boys to have such a mother.

Miss Nevins, another member of Mrs. Robb's first training class at the Hopkins, and for many years superintendent of nurses and of the hospital at Garfield Hospital, Washington, D. C., spoke next upon her recollections of Mrs. Robb, as a teacher and friend. "Among the nurses of a younger generation," Miss Nevins said, "there is a feeling that we members of the first class have a very good opinion of ourselves. But have we not a reason? We were closely associated with Isabel Hampton and had the privilege of knowing her well. She was our *sole* teacher, and she bore the burden of all our instruction. We had only one textbook, and all the rest of our study and all our *materia medica* we got from notes which Miss Hampton had written herself for us to copy and study. Beside teaching us, she constantly supervised our work in the wards. We never knew at what moment she would step behind a screen to see what we were doing for our patients, and she always impressed upon us that everything should be done most comfortably for them. 'The comfort of the patient' was the keynote of all our practical instruction. Her power of minute observation seemed marvellous to us, her pupils. She saw **everything**, and felt keenly. On one occasion, seeing one of her own graduates on duty in an incomplete uniform, her face flushed, her eyes filled with tears, and she exclaimed: 'Have I worked for this?' She was interesting, intense, eager, full of the joy of living; full also of absorption in whatever was at hand; on one visit to me after her marriage, one day she was intensely interested in planning some studies for the nurses, the next day just as interested in sewing lace on her baby's dress." Miss Nevins also outlined the work done by Mrs. Robb in the reorganization of the Red Cross Society and her deep concern in its welfare.

Mrs. William Ellicott spoke of Mrs. Robb as a personal friend. Mrs. Ellicott's father was Mr. John King, one of the first board of trustees of the Johns Hopkins Hospital, and the trustee most closely associated with Miss Hampton in the affairs of the training school. Miss Hampton also nursed Mr. King in his illness and Mrs. Ellicott spoke feelingly of the love, confidence, and honor which she inspired in personal and professional relations, and the charms of her mind and character, and added "the look in her blue eyes was that of one who knew that there were obstacles to be met and conquered but never to be shunned."

Dr. William H. Welch, president of the American Medical Association, made the closing address. "My acquaintance with Mrs. Robb began before her connection with this school, for I was one of the lecturers to nurses in the early days of Bellevue of which Miss Nutting spoke, when Mrs. Robb was a pupil there. The lectures were given at half past eight or nine at night, and I well remember that I used to look at those sleepy, hard-worked nurses and note their nodding heads, and I was glad to give them a chance to sleep just as soundly as possible." Continuing, Dr. Welch spoke of the unity of work and spirit animating the Johns Hopkins University, hospital, medical school, and training school, and said that Mrs. Robb's character and methods had helped to make this possible. He spoke of the great importance of modern nursing and of the dependence of the medical profession upon the nursing profession, as one of the greatest contributions of this century to the world's welfare. "Mrs. Robb's work was pre-eminently that of promoting nursing education. She stood always for what was then, and is now, the sentiment of this hospital—that there is no such thing as over-educating nurses or over-training them; that they must be educated and trained just as far as possible, and the more the better. The doctors and officers of the hospital are proud of Mrs. Robb's work and of her pupils, so many of whom you all know and who are among us to-day or here in the city. We are proud of our training school and of those who brought about its success. It stands as pre-eminent in its sphere as do the university and medical school in theirs. The hospital was fortunate in securing Mrs. Robb's services to initiate and carry on this work. Those of us who were here in the beginning are glad to have had the honor of working with her. As long as this hospital endures, the name of Isabel Hampton Robb will be one of its most cherished possessions."

#### TORONTO

A MEMORIAL service was held in the Church of St. Stephen, the Martyr, on the evening of April 23. This was arranged for by the Johns Hopkins graduates in the city, was choral in character, and was conducted by Rev. J. S. Broughall. His sermon was on the headings, Accident, Sorrow, Death. At the close of the service the Dead March from Saul was played while the congregation stood.

#### CHICAGO

A SERVICE was held in the Illinois Training School for Nurses on May 3, at 3 P.M., presided over by Mrs. Henry Frank, who has been on the board of the school since its establishment.

After prayer by Rev. Luther Pardee, Mrs. Frank said: "It was twenty-four years ago that we were told that Miss Isabel Hampton, a graduate of Bellevue Hospital, had been elected to fill the place of superintendent of the Illinois Training School for nurses, to succeed Mary E. Brown, who was to be married. She came on July 4, 1886, and left in May, 1889, and those three years in which she was our superintendent have been of great moment—more than we can really estimate, because during that time she trained so many of those who have been superintendents, not only of the Illinois Training School, but of many other training schools for nurses of this community, and in that way her work is an endless chain which can never cease. I need not tell you the value of such work—you know that without it this community would not be what it is; so it is not only as a friend, but as a valued co-worker that we voice our sorrow for our friend.

Letters were read from Mrs. Sanders, for twenty-five years matron of the school; from Idora Rose Scroggs, a former superintendent; and from Jane A. Delano.

Extract from Mrs. Sanders' letter: "It was while at the dinner table, that word was brought to me that the new superintendent had come. I hastened up the stairs and there she stood—Isabel Hampton—a young and beautiful woman, who was to take charge of the school and was so needed at that time.

"From the beginning her strong personality was effective and her high ideals of duty and loyalty have been the standard of the school ever since.

"Rarely do we come in contact with such a delightful character, capable, executive, unswerving honesty of purpose, all blended with a sweet and lovable disposition that endeared her alike to friends and pupils."

Extract from Mrs. Scrogg's letter: "I have always been thankful that I had Isabel Hampton for my superintendent when I was in training. Her fine presence, her charming manner, her enthusiasm and untiring devotion to duty, her high standards and ideals were always a source of inspiration to me, and my experience is shared by hundreds of others who have come in personal touch with our lamented teacher."

Miss Cora Overholt, a former pupil of Miss Hampton and now superintendent of nurses in Hahnemann Hospital, Chicago, spoke on behalf of the alumnae of the school: "To some of her pupils Miss Hampton never has been other than Miss Hampton. We admire the woman of later years, but we like to think more often of her as the teacher and friend we knew in the smaller Illinois Training School. Those of us who have

had charge of training schools are used to quoting her as authority on disputed questions. But after twenty years we remember and wonder at her amused understanding that it was self-confidence, not conceit, that kept an unsophisticated probationer from worrying about her fate; we love her for the perfect gravity and sympathy with which she advised a homesick junior, whose only symptoms were ~~b~~akache and a tendency to cry at a kind word!

"It was Miss Hampton who, when making the rounds, impressed the importance of details and habit by herself showing us how to do the homely, every-day things, never letting us forget that the patient's welfare and comfort must be our first consideration. Nor do we forget that she joined a group of laughing juniors in the sitting-room, saying: 'The superintendent should have a share of the fun,' and seemed to enjoy the stories and jokes as much as any of us.

"In those days seniors were sent on private duty, and Miss Hampton's way of letting us know that doctor and patient approved our work made it easier. Her enjoyment of our pleasant experiences, her sympathy with the difficult ones made us willing to go when the next call came.

"Of course, she could be, and was severe when occasion arose; she exacted our best work, but we remember her best, not as disciplinarian but as teacher and friend, understanding and strengthening our weak points, commanding what was worthy.

"And the little talks when Miss Hampton made rounds with her head nurses and had—or took—time for the personal side. It was then that she impressed the fact that nursing is womanly work and we need lose no refinement in doing it. That one who became coarsened and hardened by her experience must blame herself, not the work. And in a last talk she expressed the hope that her pupils might marry and have homes and children.

"And we—her pupils—are glad that Miss Hampton, so great as teacher, leader, friend, has shown what a home a nurse can make and that there are two boys who certainly will make fine men because she was their ~~mc~~<sup>ed</sup> r."

Miss Tessie Breeze, formerly assistant superintendent of the Illinois Training School for Nurses, spoke as follows:

"One of the things which impressed me first was the way she had of getting in touch with the graduate. At that time the graduates had begun to drift away from the school, because there were no ties. In the fall of 1887, Miss Hampton had written a personal letter to every graduate whose address could be obtained, inviting her to attend the

graduating exercises. The number of graduates was small, but sufficient to count for a great deal, and so she gained their support, admiration, and affection.

"There is hardly a nurse in the country who does not know Miss Hampton's influence on nursing education and its continual advance. When one ambition was attained, she at once began planning for a new reform; and I know she had something of that kind in mind when she was taken from us."

Miss Helena McMillan, superintendent of nurses at the Presbyterian Hospital, said: "It was my luck some years ago to be sent to Cleveland to undertake some work there (Superintendent of Nurses at Lakeside Hospital). After receiving the appointment, I learned Mrs. Robb was in Cleveland, and I remember the awe I felt when I learned I was to carry on my work under the critical eye of a woman of such broad experience.

"However, my mental attitude was considerably changed before I reached Cleveland, because the most kindly letter came from her, congratulating me on the appointment, welcoming me to Cleveland, and inviting me to her own home as guest until I could make arrangements. That showed Mrs. Robb's attitude towards all nurses,—she had never heard of me but her hospitality and friendship and assistance were readily and freely offered.

"It was a great privilege—being a guest in Mrs. Robb's home. I do not believe she ever showed to better advantage than there,—full of her own personality, surrounded by her boys, in whom she was so vitally interested."

Miss Isabel McIsaac followed: "I think most of us, no matter whether our years have been few or many, can look back and remember and count on the fingers of one hand, the people who have come within our life who have had a vital influence. Most of us are very common people—most of the world is common-place. We come and go and know hundreds and thousands of people, and a few weeks or months later they have gone out of our lives, and we think no more of them.

"Mrs. Robb was not one of these. She was one of those vivid personalities that impressed itself upon every one she came in contact with. Very few are endowed with such an intellectual force, and just as great a moral force. She saw the possibilities in this profession decades of years ahead. She did not see only the present; she leaped over all.

"The alumnae association of the school was the result of the letters Miss Breese spoke of which she sent to all of the graduates. It means

a great deal to a school to have the graduates attached to it and have the right spirit and connection between them. We are indebted to Mrs. Robb for that.

"After she left and went to the Johns Hopkins after the World's Fair, she conceived the idea of the superintendents' association. The first meeting was held in Chicago. She came back to attend it, and later established the Associated Alumnae. It was her idea to have an organization and association for all the rank and file, for nurses of all kinds. And later she established what is really a normal course for women who desire to take up the work of superintendent of nurses.

"For the last few years, since the Red Cross Association has been organized, she has been one of the members of the executive board of that organization.

"All of this work she carried on since she married. And she took up the making of a home and the training of the children exactly as the training of the nurses. Many times we have met her since she married, and she would go into the problems of housekeeping as she did into the training of nurses. One of the last long talks I had with her was concerning the possibilities of the public schools of the country; she was as far ahead in that as she was in nursing affairs. She had very radical ideas as to what might be done with public schools, with the children who never went any farther than eighth or ninth grades. As long as she lived, she would have had that same vital interest in everything she undertook."

Miss Hay and Mrs. Frank spoke next and were followed by Rev. Luther Pardee, of Glencoe, who spoke of her in his capacity as her pastor:

"I account it a very highly valued privilege to be allowed to be here to-day. It was many years ago that I first came in contact with the Illinois Training School for Nurses, and Miss Hampton was the head of the institution. As I came to the school to-day, it seemed to me that there was one word of description that would emphasize the feeling that we must all have with regard to her, and that is 'She being dead, yet speaketh.'

"There is nothing more beautiful than the life of an honest, earnest, conscientious nurse; she is the minister of comfort at all times. I rejoice in your profession. And it seems to me that when we look at the life of that woman, who had such a wide-spread influence, as illustrated by those of you who have spoken, that we must be thankful that the Illinois Training School for Nurses has had her administration.

"With that personality which brought about the results, there was a delicious simplicity of character. It was shown by her taking the steps of a Christian life, and receiving at the hands of His servant the blessing she felt that servant had for her. It takes a strong character to do that.

"With you, to-day, I sorrow over the loss to your great profession of one who has been of such inestimable benefit to it; and yet I rejoice that from Europe and America there have gone up words of thanks on her behalf, and a world of fitting and permanent remembrance remains to her—'who being dead, yet speaketh.'

#### NEW YORK

Synopsis of a sermon delivered in the Church of the Heavenly Rest, by Rev. Henry Lubeck, D.C.L., LL.D., on the afternoon of Sunday, May 8, 1910:

"If a man die, shall he live again?" Job. xiv. 14.

Of course he will! Indeed he never dies! Or if he dies it is only to live once more. Longfellow exclaims, "There is no Death! What seems so is transition." The Scotch poet, Horatius Bonar, making plentiful use of figures to be found in nature, says:

"The star is not extinguished when it sets  
Upon the dull horizon; it but goes  
To shine in other skies, then re-appear  
In ours, as fresh as when it first arose.

"The river is not lost, when, o'er the rock,  
It pours its flood into the abyss below:  
Its scattered force re-gathering from the shock,  
It hastens onward with yet fuller flow.

"The bright sun dies not, when the shadowing orb  
Of the eclipsing moon obscures its ray:  
It still is shining on; and soon to us  
Will burst undimmed into the joy of day.

"The lily dies not, when both flower and leaf  
Fade, and are strewed upon the chill sad ground;  
Gone down for shelter to its mother-earth,  
Twill rise, re-bloom, and shed its fragrance round.

"The dew-drop dies not, when it leaves the flower,  
And passes upward on the beam of morn;  
It does but hide itself in light on high,  
To its loved flower at twilight to return.

"The fine gold has not perished, when the flame  
Seizes upon it with consuming glow;  
In freshened splendor it comes forth anew,  
To sparkle on the monarch's throne or brow.

"Thus nothing dies, or only dies to live:  
Star, stream, sun, flower, the dew-drop, and the gold;  
Each goodly thing, instinct with buoyant hope,  
Hastes to put on its purer, finer mould."

They whom God takes from us live on.

1. They live in our memories. Memory clings to the dear days of the past! Memory! how densely it is populated! What multitudes of human beings inhabit it! We recall them just as they were,—their faces, features, forms, voices, manners, conversations, experiences! We remember what they were to us, and what we were to them.

At this memorial service there is one more prominently in mind than the rest,—Mrs. Hunter Robb. Mrs. Robb was born in Canada about 49 years ago. Her professional education was secured at the Bellevue Training School, New York, from which she graduated in 1883. After spending some time at a nursing institution in Rome, Italy, she was appointed Superintendent of Nurses at the Illinois Training School, Chicago, where she remained for three years. In 1889, she organized the Johns Hopkins Training School for Nurses in Baltimore, and was in charge of it for five years. She was married to Dr. Hunter Robb in London, England, July 12, 1894. Her marriage, with its new interests and obligations, did not remove her from active leadership in the great profession of which she had abundantly proved herself a most distinguished member, for she became now the first president of the National Associated Alumnae, as also one of the foremost founders of the Superintendents' Society, assuming the presidency last year. She was likewise instrumental in establishing the Course in Hospital Economics in the Teachers College, Columbia University. In Cleveland, Ohio, where she lived, she had been chairman of the Training School Committee of the Lakeside Hospital and a member of the Board of Lady Managers.

Her literary works are well known, the most widely read being: "Principles and Practice of Nursing," and "Ethics of Nursing."

By these facts Mrs. Robb lives in our memories,—and not by these alone, nor chiefly. She lives by her memorable career, and her strong sweet personality,—things inestimably more worth remembering than statistics and dates.

2. They whom God takes from us live in our hearts. Love cannot

die. "Many waters cannot quench love, neither can the floods drown it" (Song of Solomon, viii. 7).

Mrs. Robb lived in the love of the large number of people who came in contact with her. She loved them: they loved her. A ready sympathy flowed from her heart to all who sought her encouragement or counsel. The depressed and the disheartened sought not her help in vain.

She possessed physical and mental qualities of a high order. Quite frequently the possessor of such as these is cold, proud, unfeeling, austere, impatient, contemptuous. Not so Mrs. Robb. To her physical attractions, her intellectuality, and her dignity, she added affection, simplicity, charm of manner, and a graciousness that won all who were privileged to know her. She was easy of approach, and always interested in matters that interested other people. When one considers that twenty-seven years ago the nursing profession was not established or esteemed as it is now, but that it had in those days much to do to win its way in the world, and prove its inestimable benefits to mankind, he can readily understand the immense value to it of such a rare and lavishly gifted leader as Mrs. Robb; and he can appreciate the large part she played in advancing it to the exalted place it now occupies. Furthermore, he has no difficulty in realizing how it is she survives in so many hearts.

3. They whom God takes from us live in their influence over us. We are what we are from various causes,—heredity, environment, the exercise of our wills, the grace of God, and the influence of others.

*The influence of others!* how potent it is! By it one man reproduces and perpetuates another, and preserves that other's character and characteristics, even long years after his decease. Florence Nightingale founded training schools for nurses in 1860, fifty years ago. But Florence Nightingale was only carrying to their logical and inevitable issue the suggestions received eleven years earlier when she was a voluntary nurse in Pastor Theodor Fleidner's Hospital, at Kaiserwerth on the Rhine.

In Mrs. Robb you have a woman of force and power. A nature strong as hers leaves its mark indelibly on other natures, and to their inestimable gain.

4. They whom God takes from us live in their deeds. A door has been found in Gizeh that is 5550 years old,—the Pyramids are 4000, the Moabite stone is 2800, and the Rosetta stone 2100. Temples, statues, paintings, palaces, and countless things besides,—the works of men's hands—live on for hundreds of generations. How wonderful it is that man can perpetuate himself in the material things he makes. And yet

how much more wonderful that he can continue to live in this world in his *spiritual creations*. Plato, Aristotle, Buddha, Confucius, live in the thoughts they bequeathed. Homer lives in the fiery emotions he enkindles. Moses lives in our obedience to the laws he promulgated. And the mantle of many a prophet of God has fallen on innumerable successors in the prophetic office.

So, in deeds done, *she* lives whom we remember at this service. Hers was a life of achievement. She was a leader, a founder, an adviser, an inspirer, a writer of books. Her monument is to be seen in what she accomplished. The people who *do things* are the people most keenly and warmly appreciated by the world. Mrs. Robb was decidedly and emphatically one of these. Then, as a nurse, her works survive. The nurse repairs the broken body of man, the home of his immortal soul made in the image of God. When the physical nature is shattered the soul is unable to do its work. Whoever, therefore, restores the physical nature gives back to the soul its habitation, and for ever and ever has a share in all the good which that soul achieves. *What an eternity is that!*

5. They whom God takes from us live in Paradise with God! *They are not non-entities!* In St. George's Chapel, Windsor, is a magnificent statue to the memory of Princess Charlotte. It is in solid marble, and represents the Princess at the moment of death. The dead body lies on its side on a narrow couch over the edge of which falls one of her hands. A thin sheet is upon the form, and through it the outlines of the body are distinctly visible. Marvellous illusion! What a master is he who can make massive marble appear like a linen sheet, fine and thin!

Around the couch the stricken family kneel, weeping, throbbing, mourning. You fancy you can feel their breath, and hear their groans, and see their tears.

A few feet above the lifeless body is a winged spirit. It is the departing soul of the lovely Princess; perfect; on its way to God!

You can scarcely restrain yourself from calling to the prostrate broken-hearted mourners, "Poor silly people! If only you would look up a moment! What a vision is there! *What truth!* Your Princess is not dead! Behold her! spiritualized, glorified, made meet for the Master's presence! Weep not, nor afflict your souls, but stand and leap, and rejoice, and sing for joy!"

That statue is an illustration of the Christian's hope and belief; and it assists us to realize that she whose memorial we keep in this solemn service lives not only here on earth in the things she has left behind, but elsewhere, also, in God's great universe, a liberated and loving soul; twice-born; alive for evermore.

## NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

### THE RECENT RIOTS IN CHANGSHA

By NINA D. GAGE

Graduate of Roosevelt Hospital, New York, Missionary Nurse, Yale Mission Hospital, Changsha, China

THERE is a saying in the east that one's experience of life in the Orient is not complete without going through a riot or having typhoid fever.<sup>1</sup> The recent riots in Changsha, the capitol of the province of Hunan, China, helped to complete the experience of a good many people.

There had been rumors of trouble for sometime previous to the final outbreak. The gentry,—a rich and influential, but always anti-progressive class, in Hunan,—had for several months been trying to get a corner in rice, in quite a western fashion. Thus the price had been going up until the people were starving. Recourse to the officials proving of no avail, they took matters into their own hands and looted all the rice shops in the city.

On the night of the 13th of April, about ten thousand people started to get the wherewithal to satisfy their hunger. At first they seemed to think of nothing else. They knocked at our hospital gate, and when there was a slight delay in opening it, broke it down, and demanded lights. Then they came across the street to our compound, the gate of which was opened at once. Being furnished with more lights, they looted a rice shop across the street, and then went quietly on, leaving us sleeping.

Later in the night, having obtained a goodly booty, many of these people tried to leave the city, but in spite of rumors to the contrary, the city gates were locked until dawn, according to the usual custom. The people now became more excited, and having been fired on at the Gover-

<sup>1</sup>In a note accompanying her article, Miss Gage explains that she would have sent the account earlier, but that she had been having typhoid since the riots! The note is dated July 15, and it is to be hoped that she is now actively at work again, as no further trouble has been reported from Changsha.

nor's yamen, or official residence, responded eagerly to a suggestion to plunder foreigners, thus causing trouble with higher authorities for these officials who gave no redress.

Luckily the foreigners escaped to the wall, where they hid until daylight, when they could slip out of the city gates to the steamers which, fortunately, were in port.

All that day we staid on the steamer, watching for our friends to leave the city, one by one, and following the progress of the rioters by the fires they started. From one side of the city to the other the mob went, looting and burning various missions, business houses, yamens, and finally the Chinese custom house.

Our hospital had just received from home a supply of foreign beds and linen, to replace Chinese beds, which had so far been used. This the Chinese doctor scattered in small lots in the houses of different loyal Chinese. The patients were taken to their homes, as there was, fortunately, no one desperately ill in the hospital at that time.

After a time, rice was imported, and things grew quieter, so that men were able to go into the city for business by day, sleeping in house-boats. As things are still quiet, we hope that women and children will soon be permitted to return.

One curious fact, explained possibly by a guiding authority in the rioting, or by the feeling of the people themselves toward foreign medical work, is that none of the three hospitals in the city was injured. Two out of three of the missions running them were burned, but the hospitals were spared. When the work was reopened, the influx of patients was enormous and has continued so, so we feel that some of our work, at least, is appreciated.

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#### MEDICAL MISSIONARY WORK AMONG THE ZULUS OF NATAL, SOUTH AFRICA

By J. B. McCORD, M.D.

"WANTED—A good all-round nurse who will also be a missionary," is a common cry from the medical work on a mission field. That is our need to-day in our medical work among the Zulus in Natal.

The Zulus are now awakening to the value of the white man's medicine and mode of treatment. For ages they have believed that sickness was the result of evil spirits, of witchcraft, or of poisons, and the sick man was submitted to the tender mercies of the witch-doctor. Violent emesis and purging, to get rid of the evil spirits in the stomach, were

among his mildest remedial measures. Such belief and practice still prevail; but in ever-increasing numbers the Zulus are coming to the mission dispensary and hospital for relief.

The surgical work in the hospital is what appeals to them most, and is also the most interesting to the missionaries in charge. Here we are accustomed to perform any operation required, from pulling a tooth to an ovariotomy or hysterectomy. The hospital is reserved for surgical and maternity cases and can accommodate twenty to twenty-five patients comfortably.

The work of a nurse in charge of our hospital would consist of the general care of the hospital and patients, assistance at operations, personal missionary work among the patients, and the training of the class of native nurses studying in the hospital. This last item is one of the most important phases of our work. A Zulu takes to the practice of medicine or nursing as a duck takes to water, but unfortunately in such practice he is not led by instinct as unerringly as is the duck in swimming. For instance, in a case of confinement, the midwife ties a stout rope around the woman's waist to make sure that the child goes in the right direction and does not go back after an advance is made. Incidentally, she also brings some barrel staves or stout switches and in case of any outcry she quiets the patient with the barrel staves,—hence the wonderful fortitude of the heathen in labor. We hope to send out among the Zulus, intelligent nurses and midwives to stop such practices.

Our work is located at Durban, Natal, South Africa, a beautiful seaport town of about 75,000 inhabitants, about half of them white, under British rule. Although our work is among the Zulus from all parts of Natal and Zululand, we enjoy all the comforts of civilization, though some of the luxuries may be lacking.

As hinted above, we are looking for a nurse to take charge of this hospital. She should be a nurse of good education and training, with good health, with missionary spirit and capable of training a class of Zulu nurses. If any nurse who reads this would be interested to hear more particulars about the work in Natal and the possibilities of helping along the good cause, I should be glad to go more into detail if she will send her address and any questions to me at 163 William St., Port Chester, N. Y.

#### ITEMS

In the nurses' department of *The China Medical Journal* for July is a notice of Mrs. Robb's death with the following tribute: "The news will come as a great shock to many who have known Mrs. Robb either

personally, or through her valuable book, or through her work for nurses. In her profession she has been a leader in the truest sense of the word; inspiring many to a highest sense of the dignity and possibilities of their service: 'going before' us into so many forms of nursing interest and activity, forming and transforming through her rich personality. We owe her an unspeakable debt of loyal gratitude. I am sure the annual meeting will want to record its sympathy with her family, and with all nurses, and its appreciation of her life and work."

*Spirit of Missions* for August has an article by Susan H. Higgins, "Four Years in the Elizabeth Bunn Memorial Hospital, Wuchang," well illustrated. It carries the story of the work there a little further than it was related in our pages some time ago. She says of her class of native nurses: "There can be no greater contrast than that between those timid, ignorant girls as they came to us there, and the self-reliant, helpful nurses they now are. Their development has been wonderful. This is a part of hospital work which counts for a great deal, this opening a way of helpfulness and self-support to Chinese women who ordinarily have no aim in life beyond dress and gossip. Our girls are all Christians whose kindness and unselfishness win many patients."

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**A PLEA FOR THE HOME TREATMENT AND PREVENTION OF SCARLET FEVER.**—Robert Milne, M.D., believes that the contagiousness of scarlet fever is easily and certainly reduced to vanishing point by the adoption of a regular routine of antiseptic prophylaxis. For the first four days he has his patients rubbed from the crown of the head to the soles of the feet twice a day with pure eucalyptus oil, and then once a day until the tenth day of the disease. The tonsils are swabbed with 1 in 10 carbolic oil every two hours for the first twenty-four hours. He holds that if these measures are properly carried out there is no necessity for the isolation of the sufferer after the first ten days, and no necessity for his removal to a fever hospital. Bedding, linen, etc., used before the inauguration of the treatment, need sterilization; but that subsequently used does not. Books, toys, letters, clothes, and other articles which have frequently been blamed as vehicles of infection, are also harmless if the patient is thus disinfected; every part of the face is to be treated, in fact very part of the entire body. The peeling stage is said to be shortened, and the severity of the disease mitigated. These opinions the author has formed as the result of very prolonged experience in institutions and in private practice, and revolutionary as they may appear, they cannot lightly be set aside without careful investigation.

## FOREIGN DEPARTMENT



IN CHARGE OF  
**LAVINIA L. DOCK, R.N.**

### EXAMINATIONS AND MARKINGS IN THE TRAINING SCHOOL OF THE PROTESTANT HOSPITAL, BORDEAUX

THERE is no training school in any country where the system of training and of careful estimation of the pupils' standing is more accurately and scientifically worked out upon an exact basis than in the hospital directed by Dr. Hamilton. She adds to the practical side of the work the benefit of her own training in exactitude as a medical woman. The July number of *La Garde-Malade* describes their method which we transcribe freely, space not permitting a literal translation:

The first-year pupils receive their course of twenty-three lectures from one physician, who is charged with the preparation of the entire course, in order that unity and method may be attained, and the gaps avoided that occur under a variety of lecturers, who are not individually familiar with the ground covered as a whole. Before each lecture, a certain number of pupils are quizzed on the last one and their marks for this quiz are recorded and added to those of their *final examination*. The reason for this is, that a pupil, who has done excellent work all through the year, may be nervous or have stage-fright at the time of final exams and not do herself justice at that time. The marking for the final might therefore not be fair to her, but this is avoided by taking her standing throughout the year into consideration.

During the entire period of twenty-two months of instruction the pupils receive monthly markings on the following points: Punctuality, cleanliness, neatness, quietness, industry, conscientiousness, docility, patience, capacity, reflection;—kindness;—manner, uniform, coiffure, and voice. It is certain, says Dr. Hamilton, that the most extensive cramming cannot atone for deficiencies or absence of these qualities in a nurse, and while it is much easier to produce a poor copy of the medical student, and to leave undone the careful and arduous work of hourly and daily training, which requires unremitting patience, perseverance, firmness, and concentration on the part of the head nurses and superin-

tendent, nevertheless, be the task ungracious with a few who do not realize what is to their own interest, the results are more than satisfactory with the rest.

The standing of the pupils in the four last points is considered highly important; the courtesy of manner, the details of the uniform, the way of dressing the hair, and the voice, gentle and reassuring, count for much with the patient. The marks given on all points throughout the two years give a fair estimate of the nurse's qualities. At the time of final examinations, the *average* (not the added figures) of all the monthly markings on each one of these points is added to the pupil's total marks. There is of course a maximum as well as a minimum.

The second year's examinations are both practical and theoretical. The former is conducted in the wards, the second in the classrooms. As the details of these examinations are very similar to the practical and theoretical examinations with which American nurses are familiar we need not describe them further, but point out this excellent practical provision: nurses, who, at the time of their final examination, still have some months of time to complete, do not receive their final standing until their time is actually finished. Thus by meritorious work until the last they may improve their total markings, as the monthly averages are added to that given at the time of the formal examinations.

Dr. Hamilton says: I am convinced that this method of bestowing marks is far more exact than that which bestows them according to the status of the pupil at examination time only. Considering the special nature of the nurse's work, it is indispensable that her success should be based upon the *ensemble* of qualifications needed for the good nurse.

In the same and succeeding number Miss Elston describes delightfully her visit to the Civil and Military hospital at Elbeuf, where Mlle. Gonthier is in charge as directrice.

The soldiers in the military wards, understanding that Miss Elston was the "general" of the nursing staff, stood in military order at the foot of the beds to give her the salute as she came down the line.

The hospital is an interesting and ancient one, and the nurses are performing wonders there, but it is clearly evident that they are not allowed by the administration to have sufficient numbers to do all the work without ruining their health or breaking their spirit. When will men learn what a woman's work is, and that to require one to do the work of three is not only cruel, but stupid? Never, I fear, and this is proof again of the need of women for the ballot, for the administration can only be reached by the pathway of the vote.

## FOREIGN ITEMS

IN the *Nursing Journal of India* for August Miss Fahs, of Guntur, writes: "We have finally overcome the Indian prejudice to nursing, and now have more applicants than we can take. We have also overcome their prejudice against sweeping and all that they call degrading, and do not allow a sweeper to enter our wards: the nurses must do everything for the patients. It was up-hill work, but we succeeded and feel quite proud of our success."

IN *Nosokomos* for August we see that the city of Brussels has established her first public school nurse, who works, according to the item, "upon the American system."

## GRADUATION OF FILIPINO NURSES

ON the 16th of June, 1910, at the St. Paul's Hospital hall, was held the graduating exercises of six young Filipino nurses. Dr. Musgrave acted as toastmaster. His Excellency Governor-General Cameron Forbes handed the diplomas, the class-pins were handed by Mrs. Jaime R. de Veyra. Mrs. Paul C. Free handed the prize, offered by the Medical School Association, to Miss Gloria, who has had the highest average through the years of her studies. The prize is a valuable and precious surgical nurse's bag.

The constabulary band played many pretty pieces of music. Among those present were the Governor-General, the Archbishop of Manila, Monsenior Agius, Commissioners Worcester and Palma, and many others.

It was the biggest graduation day ever held in Manila, both bodies were represented there, the Government and the Church. The stage was covered with flowers sent to the graduates.

MISS M. S. RUNDLE, the first English nurse to enjoy the distinction of the scholarship founded in memory of Miss Isla Stewart, will arrive in New York in time for the opening term at Teachers College. Miss Rundle will be heartily welcomed and we hope she will feel that her winter here is worth while.

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DR. ELIZABETH BLACKWELL said of Florence Nightingale: "To her, chiefly, I owe the awakening to the fact that sanitation is the supreme goal of medicine; its foundation and its crown."

# DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE\*

IN CHARGE OF  
EDNA L. FOLEY, R.N.

## PRESENT DAY OPPORTUNITIES

EXTRACTS FROM AN ADDRESS GIVEN TO THE DUBUQUE COUNTY  
REGISTERED NURSES

BY JESSIE W. KEYES

THERE is no higher calling for women (except motherhood) than that of caring for the sick poor, but years ago the nurse discovered that she must learn to care for the cause of the sickness and poverty, therefore some nurses began to study scientifically social conditions, bad tenements, unsanitary homes, sewers, alleys, delinquency and dependency of minors, their contributing causes, and deplorable results. This study brought the nurse into contact with three great institutions, the home, the school, the law. Failing in its duty, the home was teaching its children nothing of obedience, which is the first great law; careless of the moral and sanitary laws, the parents were lax in their duty to their children, and the children, consequently, had no respect for parents or other authority.

She found the school too often considered a place where the children would be safe and "out of the way;" there was no appreciation of the school as an educational force or of its possibilities as a social centre and influence. And the law! It was never thought of as a protection of individual rights, but as a persecutor in cases of law breaking. No one thought of the prevention of wrong and the education in law keeping.

In the work of caring for the sick poor, the nurse finds herself under the obligation to bring to her many charges service of all kinds, to aid in restoring each person to his place in the economic plan, therefore the visiting nurse must know intimately all agencies existing for the aid or education of the people. We find nurses studying heavy text-books on sociology or economics, but no book teaches more than actual service.

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\* Contributions for this department may be sent to Room 411, 158 Adams Street, Chicago.

School nursing is very like regular visiting nurse work except that the patient is usually kept in school and the treatment given in the little school dispensary or at home after class hours. Children who are reported out of school on account of sickness are visited at home, and it is remarkable what rapid recoveries are made in most of these cases of illness. This gives a valuable opportunity for educational work in the home.

Hospital social service includes such cases as these: The friendless, homeless girl in the maternity ward. Where would she go? A home must be found where she can board her baby and respectable employment and rooms for herself. A young man in the medical ward with tuberculosis, must be provided with clothing, transportation to relatives or a place in a tent colony. The widowed mother in the typhoid ward is worrying because her fourteen-year-old girl is out of work and keeping bad company. Her other children may be running the streets, out of school, neglected, improperly fed. There are many agencies to see in such a case. A teamster with broken leg is anxious and not doing well, because his wife is at home at the other end of a big city expecting to be confined any day and alone with four little children and no means of support. The man in the accident ward can speak no English, has no friends, belongs to no union or benefit society, and his old parents in Italy will starve or die with anxiety before he will be able to send them his regular letter and remittance. Then there are the scores of men and women, boys and girls, who are "out of a job" and "set out of their rooms," because of the sickness or accident that has brought them into the hospital wards. The discharged patients who are sent home not yet cured must be referred to the visiting nurses or the charity organization, so that the good work begun in the hospital will end in restoration to complete health and economic usefulness.

Social settlement work is a field into which many nurses go, and nurses make invaluable settlement workers.

As officers of the Juvenile Court, nurses are little known, but it can easily be seen what an invaluable asset the nurse's training would be, as she can quickly recognize the physical defects of the delinquent.

Personally I prefer the regular visiting nurse work, for I know it to be the most far reaching, practical philanthropy. Visiting nurses are not unlike others except that they may have more tact, which they need in handling so many people at a time. The visiting nurse must be absolutely "unafraid." She must know what is right, then go ahead. The visiting nurse does not practice medicine, unless you call the use of suggestive therapeutics as such.

Nurses who do private duty, going about from case to case, from home to home, may be the bridge, as educators carrying the message to those who have money and influence, private, social, and political. They may tell the people at one end of the bridge that their less fortunately situated brothers and sisters with many little children at the other end need cleaner alleys, need school inspection for their children, a children's dispensary and milk station, and a few safe places for children's play.

#### ITEMS

A NEW responsibility has been given the school nurses of St. Louis. Hereafter they will visit the homes of all children who are reported as ill or who are absent more than two days. This is not intended to usurp the work of the truant officer, but it is hoped that really sick children will be reported to physicians more quickly if the nurses look up the absentees.

THE San Francisco Association for the Study and Prevention of Tuberculosis has now four nurses in the field. The association is trying to approach the Chinese problem by educational methods, preparatory to a clinic in Chinatown. "Don't spit" cards, printed in Chinese, are already being distributed. The same cards, printed in English, Spanish, and Italian, are given away at the clinic and by the nurses.

THE Visiting Nurse Association of Hartford, Conn., has opened a day camp for tired mothers and women who will be benefited by a day's rest in the open air. The camp is situated in Colt Park, and a tent and reclining chairs are provided for the patients. Luncheon is served at noon, as the camp is open from 9 to 5. It is fittingly called Camp Rest A-while.

THE Waterville, Maine, Committee of the Central Maine Association for the Relief and Control of Tuberculosis is about to open a day camp for the treatment of tuberculosis patients. A dispensary of three rooms has been opened, clinics being held twice a week. Irene Foote, City Hospital, Minneapolis, for three years connected with the Instructive Visiting Nurse Association of that city, has accepted the position of district nurse.

THE Visiting Nurse Camp of Minneapolis has had a very successful second summer. The camp is for crippled and tuberculous children, and about forty have been taken thus far. Three nurses and a kindergartner

have cared for the children under the direction of a staff of physicians and the Visiting Nurse Committee. The Park Board gave the use of an ideal spot in Glenwood Park, upon a hill overlooking the city and in the vicinity of several small lakes. One of these is the "swimming hole" where the kindergartner takes the children who are allowed this form of exercise. A playground, well equipped with swings, teaters, sandbox, hammocks, croquet, and other games, serves to keep the others well amused, and reclining chairs and cots are provided for the least active.

The daily program is so suggestive that it is printed in full: 6.20 A.M., temperature; 7.00, rising bell; 7.30, breakfast; 9.00, light work; 10.00, lunch; 10 to 12 M., recreation and physical exercises; 12, dinner; 1 to 3 P.M., rest, reading, sewing, story telling, etc.; 3, lunch; 3.15, temperature, afterwards swimming and games until 5.30, supper; 7.30, first bell for bed; 8.00, last bell.

CHICAGO had three open-air schools for anaemic and pre-tuberculous children this summer, which were so successful that it is hoped others may be established. One hundred children in all were selected by the doctors on the staff of the Chicago Tuberculosis Institute. Nurses were detailed to visit each school daily to assist the physician in making any supplementary examinations and to take the afternoon temperature and pulse of each child. The Board of Education granted the use of the schools and materials, supplied a tent and reclining chairs, and paid the salaries of two teachers for each school, but the transportation and feeding (including the salaries of a dietitian and helper for each school) were financed entirely by the Chicago Public School Extension Committee. In spite of the unusual heat the children improved wonderfully, mentally as well as physically, and the results were so satisfactory that both children and workers hope that other schools may be the result of these three. Six weeks is a short time in which to demonstrate the value of fresh air and supervised exercise for tuberculous children, but six weeks spent in the open air, away from the dusty streets and the fly-ridden tenement kitchens, created changelings in several instances, brightened dulled eyes, sharpened stupid, tired, little brains, and gave nature a chance to bring other things beside weight nearer the normal. The time is coming when these schools will be as common as the usual public school, but it will take a lot of work to make the public see the need of them for the average child, so visiting and tuberculosis nurses must do their part in bringing around a happier day for children who are exposed to tuberculosis.

CORA BIRDSALL, graduate of Epworth Hospital, South Bend, Ind., has accepted the position of supervising nurse of South Bend Tuberculosis Camp, situated in Potawatama Park, just outside the city. The camp was originally financed by the Anti-Tuberculosis League, but now the county is going to help pay the board of indigent patients. The camp is beautifully located and has accommodations for twelve patients. Thus far four single and four double cottages and an administration shack have been erected.

SARAH B. HELBERT, graduate of Wichita Hospital, Kansas, has been engaged as Tuberculosis Lecturer for the Public Schools of Cincinnati, Ohio, by the Anti-Tuberculosis League. Since February, 1910, she has given *two hundred and fifty-four* lectures in the schools and to the children in the House of Refuge.

Where the school building contained an auditorium, the lectures were given to several hundred at once, but usually they were given in the school-room, and the children were questioned after each lecture. At the close of the term a prize contest was held and the children in the four upper grades wrote essays. A little girl, fourteen years old, who lived with an aunt in a single room, in the most congested quarters of the city, won the first prize. Another child, a boy of twelve, presented the following:

"A germ as small as a fairy  
Flits lightly about in air;  
Invisible, wicked, and airy,  
She causes great despair.

"Consumption, a dread disease, is caused by the germ about which my little poem tells. This wicked little fairy, the consumption germ, is carried about in our clothes; she perches on the edges of public drinking cups and on objects that we use. Hundreds of her little sisters are carried about on one fly's leg.

"As the germ attacks weak bodies very easily, we must keep our bodies in healthy condition. We must be careful when we are walking in the streets or in any public buildings, for consumptives walk about and are often very careless. There is much danger when such a person spits, for in the sputum there are millions of these little germs. Each snaps in two, forming two germs, and in this way they multiply very quickly and are distributed everywhere."

Even the babies in the kindergarten became imbued with the spirit of the anti-tuberculosis fight and begged for a "lecture." The good from all this is incalculable and other cities may well follow this excellent example. Miss Helbert has recently been in Chicago, where she addressed the Nurses of the Chicago Tuberculosis Institute on her work in the schools. She is to talk to the children in all the parochial schools in Cincinnati this fall.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**VACCINE THERAPY IN TYPHOID FEVER.**—*The New York Medical Journal* says: Dr. Mark W. Richardson, of Boston, said that it was his personal opinion that the status of vaccines in typhoid fever was somewhat as follows: 1. They were of the greatest value in prophylaxis, and should be made use of by all who, as physicians, nurses, ward tenders, or laymen, were likely to be exposed to the disease. Their use by the general public could not be expected in the near future. For this result, time and education would be required. 2. Typhoid vaccines, properly used, would, he felt sure, prevent a large proportion of relapses. 3. The success of vaccines in the treatment of the original disease would depend upon the character of the case. Conservatively used, they would do no harm and they might be of much assistance. 4. Early diagnosis and early treatment would be undoubtedly of great importance.

**TUBERCULOSIS IN CHILDHOOD.**—Hamburger states, in the *British Medical Journal*, that the majority of persons become infected by tuberculosis in childhood. The frequency of tuberculous infection increases from year to year, while tuberculous morbidity—that is, the frequency of manifest tuberculous disease—decreases from year to year. Tuberculosis is very commonly latent, producing no symptoms; this is especially so if the infection dates from the third or fourth year. The prognosis of tuberculosis in childhood becomes more favorable the older the person is at the time of the first infection.

**TREATMENT OF THE PARTIALLY DROWNED.**—In a paper in the *Lancet* by J. A. Barnes, he says that death sometimes results from shock in cases of drowning and when this is the prominent feature there is prospect of saving life. He recommends that as the brain, including the circulatory and respiratory centres, is robbed of its proper supply of blood an effort should be made to drive the blood from the abdomen and lower part of the body so the brain may receive its proper supply. Having placed the head lower than the body the legs are firmly bandaged from the feet upwards. A roller towel is then placed around the patient's

abdomen, the ends crossing in front. An assistant takes hold of each end. As the arms are brought down to the chest in the expiratory movement of Sylvester's method of artificial respiration, these two assistants, grasping the towel ends firmly with their right hands, pull them, at the same time pressing the abdomen with their left hands. As the inspiratory movement commences the pressure is relaxed, not to interfere with the expansion of the lungs. These measures can be quickly carried out with assistance, of which there is usually no lack.

**SENIILE APPENDICITIS.**—*The Inter-state Medical Journal*, quoting from an Italian contemporary, says: Martini states that in the appendicitis of old people, the process usually progresses slowly, with little or no fever and the formation of a hard inflammatory mass. We have ourselves seen a case in which the clinical picture was typical of cancer at the cæcum, and this diagnosis was made. Operation was declined and the gradual but complete disappearance of the tumor proved it to be inflammatory in character.

**QUININE IN WHOOPING-COUGH.**—*The New York Medical Journal* cites an article by Berliner in the *Münchener medizinische Wochenschrift*, in which whooping-cough is treated by the introduction into the nasal fossæ of an ointment of quinine sulphate and petrolatum. The strength of the ointment varies from 1 in 10 to 1 in 6, according to the age of the patient; it is introduced three times daily by means of a glass rod, the patient's head being well thrown back. Marked improvement, especially in younger patients, is noticed in a few days, the attacks being reduced in number and in intensity.

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A NEW mode of purifying water, one which seems to be far better than filtering, is its treatment with ozone. The city of Paris has an apparatus with a capacity of purifying ten million gallons a day with ozone, and a small domestic apparatus is on the market in Europe which treats sixty gallons of water an hour. This device has been found to reduce the number of germs from forty-three thousand to two per cubic centimetre. In the ozone apparatus the germs are actually killed.—*Good Housekeeping*.

## LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

### HOW TO BATHE YOUNG INFANTS

DEAR EDITOR: Will some of the nurses tell me through the JOURNAL the best way to bathe young infants? Is there danger of infection to the umbilical cord from placing a baby in a bowl of water? A doctor recently criticized me for doing this, preferring the long tedious job of holding it in the lap during the bath. S. C. D., R.N.

### LONG CASES

DEAR EDITOR: I enjoy everything in the JOURNAL so much, particularly the articles on the private duty nurse and the various diseases. I would like to hear the different views of nurses in regard to long cases. R. A. M.

### A NURSE'S DUTY

DEAR EDITOR: Just a few words on the much-talked-of duty of the private nurse. After twenty years' work in private families and institutions, I still feel that a nurse should be willing to do anything necessary for the recovery of her patient.

I was glad to see A. L.'s letter in the June JOURNAL and would like to hold her hand in mine. I am glad to know, with all the changes the years have wrought in the status of the nurse, some still see beyond the call of dollars and cents the work of the Nazarene. F. H. P., R.N.

### A LAYMAN'S OPINION

DEAR EDITOR: The inquiry in a recent number of your magazine as to how a nurse may secure reasonable time for rest and exercise stirs me deeply. I am neither a physician nor a nurse, but I have had an opportunity of observing the work of the professional nurse and my indignation is aroused by the manner in which the women engaged in this most beneficent profession are allowed, indeed compelled, to render constant duty in the sickroom from twenty to twenty-four hours in the day, often amid sickening sights and odors, sometimes in freezing temperatures, with only fragmentary snatches of sleep and generally in utter disregard of comfort, health, or life.

My interest in the matter has led me to diagnose the case. I have analyzed the situation and my analysis has led me to lay the blame, primarily, not at the door of the patient's family, but at the door of the physician in attendance. As your correspondent observes, the members of the patient's family are ignorant. In the average household little or nothing is known about illness and no thought is given to the matter until the illness comes. Then all interest is centered upon the patient; his friends are distracted by anxiety; his welfare is uppermost in every mind, and the nurse is thought of solely as a means of bringing about a recovery. Her comfort and welfare are overlooked

and I think that such oversight on the part of the patient's family is often pardonable under the circumstances.

But what of the physician? He is not unfamiliar with illness; he is not excited or overcome with sympathy, and he is not ignorant of the fact that his faithful co-worker needs recreation, exercise, and sleep. He is the person first summoned in case of illness and the person to whom everyone looks for directions. He assumes the position of pilot of the expedition; he directs the work of the sick-room; he probably summoned the nurse, and he demands that the patient, nurse, and family take his word as final. Why does he not exert a small amount of his authority in securing justice to his co-worker? Why does he not tell the family that eight hours of undisturbed sleep and four hours of outdoor exercise daily are just as necessary to a nurse as to any other human being? And, if the family intentionally impose on the nurse, why does he not insist upon her having proper conditions of work in the same way that he insists upon having his prescriptions followed?

I cannot understand the indifference of physicians to the conditions imposed on nurses. I have in mind a case where a nurse had been on duty day and night for several days with a patient critically ill with typhoid fever. One evening the patient became worse and death was imminent. The physician, upon being summoned, coolly prescribed half hourly treatment during the night and returned to his comfortable bed, leaving a devoted woman, already exhausted, to shoulder the terrible responsibility and to maintain a midnight vigil alone with the dying patient. I think less of that physician for not remaining on duty himself, but in any event, a direction to the family would have secured relief by the attendance of another nurse during the night. In another case a physician prescribed the cold air treatment for pneumonia and the nurse, because no separate room for her use was provided, was compelled to remain day and night in midwinter in the freezing temperature of the sick-room until she contracted illness herself. If the physician had ordered two rooms, the patient's family would have provided them, but they apparently did not realize that the nurse was suffering and, undoubtedly, simply thought that she was used to the cold.

When a man and a woman are working together, it would seem that every instinct of a man's nature would lead him to protect his fellow worker, to see that her tasks were lightened, and that her health and comfort were safeguarded. The physician knows better than anyone else how injurious to health the conditions are under which nurses are constantly working and he has the power to remedy them. Why does not he do it? I leave the question for the gentlemen of the medical profession to answer.

H.

#### CARE OF MALE PATIENTS

##### I.

DEAR EDITOR: Perhaps the discussion on this subject has gone far enough—if not, I should like to quote a statement made during the conference of nurses in London in 1899. Replying to a lady in the audience who protested that she could never allow a daughter of hers to run the moral risks that might be incurred in nursing soldiers on the field of battle, Mrs. Bedford Fenwick rose and said, "In nursing there is no sex"—and I have thought ever since,

and more and more, that it should be so. Talk and think less about our own feelings, and what we mind doing and do more—do it in a quiet, impersonal, and straightforward way, and we shall be far less hampered by the difference in sex. Did that for one moment stay the hands of our beloved Florence Nightingale and her fellow-women nurses in their tender ministrations? No doubt they made use of male helpers—nurses there were none in those days—as we can readily do whenever possible, but let every nurse be trained in all the branches of service that can possibly be included in her training, so that in the hour of need she may not be found unable to care for and relieve male, as well as female patients.

d'A. S.

## II.

**DEAR EDITOR:** It is with something very nearly approaching disgust that I read in the current issue of the JOURNAL, this seemingly endless, and, to my mind, futile, discussion concerning the care of male patients. I am far from having prudish or foolish scruples, but it does seem to me that the woman who could make a practice of catheterizing male patients, to say nothing of permitting, much less teaching, nurses in her charge to do so, must have something essentially coarse in her make-up.

I graduated from a large general hospital, seven years ago, after a three-year course of training, and have nursed all sorts, sexes, ages, and conditions of mankind since, but have never found it necessary to catheterize a conscious male patient. When the doctor lived too far away to do so himself, I have had him carefully instruct some member of the patient's family; then when it became necessary, I carefully sterilized all articles to be used, catheter, dressings, solutions, towels, etc., and showed the person who was to catheterize exactly how to sterilize his hands before passing the catheter. I have always found this perfectly satisfactory to all parties. Also the family and patient had much greater respect for the nurse, and were much more disposed to treat as falsehoods the calumnies which are constantly circulated concerning the morality of nurses.

To return to the principle of the thing, nurses, in common with all other unmarried women, are astonishingly ignorant of matters sexual. Also, they are, as a sex, less susceptible to sexual excitement, whereas all males, no matter how much they may desire to hide it, are very susceptible to such influences.

Wholly aside from the consideration that the large majority of conditions in male patients requiring catheterization arise from venereal conditions and therefore jeopardize the life of the nurse, it stands to reason that such men must of necessity have a low moral estimate of women as a whole. What then can result from throwing young girls in training, in contact of such a very intimate nature, with men, especially of this stamp, who are in full possession of their senses? If it effects no greater harm it will certainly coarsen them, and render them open to misunderstanding with the general public, and through them, the nursing profession.

To compare nurses in this particular with doctors examining female patients is ridiculous; first, because doctors are usually attended by nurses during examinations, or, as in office practice, the office is in the physician's own home, or because the patients are usually married, and therefore largely protected

by having husbands, or because the doctor has his living to earn, and could not afford to imperil his reputation by acting in any other than a purely professional manner. "M. B." also adds that for "several years" she has had charge "of a small hospital without interne or orderly," and to economize, I presume, has employed the nurses to do orderlies' work for her male patients.

It is just such women as this, who, however well meaning their personal intentions may be, are too short sighted to see that they are doing incalculable harm, not only to themselves and those immediately under their care, but to the nursing profession as a whole.

It is of course to be understood that in cases of life and death, or where uremic convulsions are imminent, or any other urgent condition arises in which the question of the patient's life is involved, and the nurse is the only person available, she will, of course, do all that is necessary or possible to save her patient, as that is a nurse's first duty, but such cases seldom occur.

C. R. K., R.N.

### III.

DEAR EDITOR: I am going to avail myself of this opportunity to say a few words on the care of male patients and at the same time to express my high esteem and respect for "T. M. M." and "Mrs. L. K. R., R.N." whose letters I have just read in the September JOURNAL. Were there more women, or may I add if all the women, in our profession were the same type of women, we, as nurses, would not at times have to take insults from male patients, and men at large would not think that nurses are wanting in modesty, and that as a class the "trained nurse" is not a woman of the "highest moral standing." I have been a graduate for the past five years, having trained in one of Baltimore's best hospitals where, under the training of a woman of the purest and highest professionalism, I received a training that I would not exchange for anything in this world. My whole soul is in the work; the work to train the right kind of woman to make the right kind of nurse, and if it is in the woman it will be in the nurse. In my five years' work since graduation I have seen the nurse of every type and as I have seen them I wished our profession might be enclosed, so that all the objectionable ones might be turned out the gate, so to speak, for they are the ones who cause comment to be made. In this age of the male nurse as well as the orderly I do not consider it necessary nor do I call the physician excused who asks a woman nurse to catheterize a male patient—except where an emergency demands it, then any self-respecting nurse can receive instructions from said physician and care for an ill patient without injury to herself; nor, we will trust, to the patient either. Such an instance was called to my attention a few years back by a physician with whom I was conversing on the subject. He practised in a country village in Massachusetts, just two physicians in the place. Unfortunately, they were not on speaking terms. This physician had a typhoid patient, a young man, the village school teacher, who boarded at the hotel, away from family and friends. In the absence of the physician the patient had to lie there and suffer because, as this doctor expressed it to me: "The nurse was too mock-modest to do this act of human kindness." This poor man, paying out thirty dollars per week for her service and board, had to lie there and suffer because the nurse could not and would

not do such a thing for a man. Before that poor suffering piece of humanity could get any relief the doctor had to change nurses four times! No, it is all wrong. We can do anything when necessity arises, and we are not to think of ourselves because we are women, but to do what we can to relieve suffering.

I trust the day will not come, and I feel sure it will not, when our training schools will be so demoralized as to expect our nurses to do for male patients what the orderly does now and can keep right on doing. We who are doing institutional work, either superintendents or head nurses, should impress upon our nurses the difference between mock-modesty and humanity. Each one can be an example to those who perhaps had higher ideals and principles, but had them shattered in early training. I think I am safe in saying that our best hospitals throughout the country are having certain male cases classed as "screen cases," and are turning out just as well-trained conscientious women as those which subject their nurses to the embarrassment of assisting at such cases with the hospital interne who may criticize the nurse, saying: "Not for anything would I see my sister or daughter a nurse!" No, of course they would not, but protect the nurse—train her as she should be trained—impress upon her the importance of dignity, proper modesty, and sympathy, tact and horse sense, and you are fitting her for a vocation in this life that any woman can be proud of and when the occasion arises she can prove her worth not only as a nurse, but as a woman, so that all men may call her "blessed."

M. W.

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*Prune Confection.*—A private duty nurse makes a confection of prunes in this manner. Soften the prunes in a very little hot water for as short a time as possible. Remove the stones, dry a little in the warming oven, and roll in granulated sugar. Use good prunes, but not the most expensive. Dates are good in the same way, and need less softening; just pour boiling water over them, and let stand five or ten minutes.

## NURSING NEWS AND ANNOUNCEMENTS



### NATIONAL

#### CONTRIBUTIONS TO THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

PREVIOUSLY acknowledged, \$198.00; Marie A. Pless, \$2.00; Edith Gatzman, \$10.00; Adelaide Walsh, \$5.00. Total, \$215.00.

Contributions should be made payable to The Merchants Loan and Trust Company, and should be sent to the chairman of the committee,

HELEN SCOTT HAY,  
509 Honore Street, Chicago.

#### CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO SEPTEMBER 15, 1910

Previously acknowledged .....	\$1469.85
Iowa State Association of Registered Nurses.....	1.50
Wayne County Graduate Nurses' Association.....	25.00
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	\$1490.35

#### DISBURSEMENTS

June 29, St. Luke's Alumnae Association, Chicago, 2 shares stock.....	\$200.00
Alice Fisher Alumnae Association, Philadelphia, 1 share stock.....	100.00
Aug. 15, Hospital of the Good Shepherd Alumnae Association, Syracuse, 1 share stock .....	100.00
Sept. 2, Mt. Sinai Hospital Alumnae Association, New York, 2 shares stock .....	200.00
Sept. 15, 1910. Balance .....	896.35
<hr/>	
	\$1490.35

#### CHANGES IN THE ARMY NURSE CORPS

APPOINTMENTS: Clara E. Ellwanger, graduate of the Burlington Hospital, Burlington, Iowa, employed for three years in the Pennoyer Sanitarium, Kenosha, Wisconsin, and head nurse at St. Bernard's Hotel Dieu Hospital, Chicago.

Discharges: Josephine Anslyn, August 31, 1910; Margaret T. Wahls, August 31, 1910.

Transfers: Gertrude H. Lustig from San Francisco to Ft. Bayard, New Mexico; Ruby E. Nichols and Mary E. Wimbish from San Francisco to Philippines Division, September 7, 1910; Gertrude B. Gilstrap and Louise H. Gutberlet from Division Hospital to Ft. William McKinley, Rizal, P. I.

JANE A. DELANO, R.N.,  
Superintendent, Army Nurse Corps.

## CONNECTICUT

**New Haven.**—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held its first meeting of the winter on September 1. In the absence of the president and both vice-presidents, the meeting was called to order by Mrs. Burwell. After the routine business there was discussion of ways and means for the fair to be held in November. Some committees were appointed to start the work, and a meeting of all graduates from any schools was called for September 9, at the home of Mrs. Marsh, to perfect the plans already started. It is hoped that out-of-town friends will send in promptly their contributions of useful and fancy articles, especially dolls dressed in the uniforms of the different schools, or as doctors or orderlies. They are also asked to send in orders for one or more of the rugs which the nurses are making. They meet with Mrs. Marsh to sew the rags for the rugs and are indebted to her for the weaving of them, as also for the tea which is served after the sewing. The proceeds of the tea are to be added to the delegate's fund.

## NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its ninth annual meeting in the Hotel Seneca, Rochester, on October 18, 19, and 20. The following programme has been arranged:

Tuesday, October 18, 10 A.M., Registration, payment of dues, superintendents' meeting. 2 P.M., Reports, president's address.

Wednesday, October 19, 10 A.M., "What Rochester is Doing for Her School Children," Katherine G. D'Olier, R.N.; "Preventable Blindness," Carolyn C. Van Blareom, R.N.; "Obstetric Nursing," Nancy E. Cadmus, R.N. 1.30 P.M. Luncheon. Automobile rides. 8 P.M., "The Relation of the Nurse to the Health of the Infant," George W. Goler, M.D.; "A Study of the Period of Early Adolescence," Marion Craig Potter, M.D.

Thursday, October 20, 10 A.M., "Ethics—Institutional," Claribel A. Wheeler, R.N.; "Private Duty," Rose M. Heavren, R.N.; "Social Service Work for the Hospitals," Mary E. Wedley, R.N. 2 P.M., "Almshouse Nursing," first paper, Nellie Davis, R.N.; second paper, Jane M. Pindell, R.N.; "The Nursing of Contagious Cases," Louise F. Arnold, R.N.; Discussion of Red Cross Work, conducted by Elizabeth Dewey, R.N., chairman State Committee on Red Cross Nursing Service.

**Ticket of nominations:** president, Mrs. C. V. Twiss, R.N., New York City; first vice-president, Anna L. Alline, R.N., Buffalo, Ida M. Root, R.N., Gloversville; second vice-president, Freda L. Hartman, R.N., New York City, Florence M. Grant, R.N., Auburn; secretary, Mrs. Ernest G. H. Schenck, R.N., New York City; treasurer, Lina Lightbourne, R.N., Syracuse, Annie O'Neil, R.N., Utica; trustee for three years, Katharine DeWitt, R.N., Rochester, Charlotte Ehrlicher, R.N., New York City; board of nurse examiners, two to be voted for, Bella J. Fraser, R.N., Albany, Nancy E. Cadmus, R.N., New York City, Mrs. Janet B. Christie, R.N., New York City, Elizabeth Dewey, R.N., Brooklyn.

Candidates for three members of the executive committee and for three members of the nominating committee are to be named from the floor.

The committee on arrangements have selected the Hotel Seneca as headquarters, and rooms may be obtained there at the following rates: Single rooms,

without bath, \$1.50 and up; rooms with bath, \$2.00 and up. As the Annual Industrial Exhibition of Rochester will be held the same week, in order to secure rooms arrangements should be made at as early a date as possible. Other hotels in Rochester are the Powers Hotel and the Rochester Hotel. Rates \$1.50 per day and up for rooms without bath, \$2.00 with bath. The Whitecomb Hotel, \$1.00 and up without bath, \$2.00 with bath.

GRACE KNIGHT SCHENCK, R.N., Secretary.

THE NEW YORK COUNTY NURSES' ASSOCIATION will hold its regular quarterly meeting on Tuesday, October 4, at the Nurses' Club, 52 and 54 East 34th Street, at 8 P.M. The central registry, opened at 52 East 34th Street under the management of this association, has a rapidly growing membership list. At the nurses' club the demand for rooms and the patronage of the dining-room, as the nurses come back to town, attest to the great need for the club.

CHARLOTTE ERLICHER, superintendent of nurses at the German Hospital and Dispensary, has resigned her position, after some years of able service. After a short rest she will take up hourly nursing, making her home at the Co-operative Nurses' Club, 54 East 34th Street.

Rochester.—HAHNEMANN HOSPITAL formally opened its new building, the gift of Mr. Eastman, on September 22. The addition affords a fine new operating room and rooms for private patients.

IDA J. ANDERSON, who has been doing excellent work in the social service department of the Homeopathic Hospital, has resigned to take a needed rest. She will be succeeded by Miss Hines, who has been associated with her.

Buffalo.—MARIE JACQUE, who has been doing tuberculosis work in this city, has been incapacitated for work for six months, on account of a fall. She hopes to resume her duties again at about this time.

Glens Falls.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS held a pleasant meeting at the Glens Falls Hospital on August 27. Questions relating to hospitals and training schools were discussed, and the new hospital, which is about ready for occupancy, was inspected and admired. The old hospital, after renovation, will be used as a nurses' home. The members were given an automobile ride to Lake George, for which they felt most grateful to Miss Card, who had made the arrangements. The next meeting will be held in October at the Vassar Brothers Hospital, Poughkeepsie.

#### NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its third semi-annual meeting in the Free Public Library, Newark, on Tuesday, November 1, the morning session at ten, the afternoon session at two.

#### WEST VIRGINIA

THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its annual meeting on September 6-8, in Charleston. The most important of the meetings were those held by the superintendents on the 6th. The opening address was made by Mrs. George Lounsbury, setting forth the need of such an organization and its scope. The school of Hospital Economics was spoken of, and its aims and attractions explained. The American Hospital Association was explained, and its recent report on training schools was read and discussed. The need of more liberal

training along national, state, and alumna lines was spoken of and the superintendents were urged to broaden their teaching to include these topics. Hospital ethics were touched on, and the great need of more circumspect conduct on the part of pupil nurses. The topics discussed were: The proper age for a probationer,—a long and lively discussion, the consensus of opinion being that 21 was a better age than 18; entrance examinations,—it was declared to be the sense of the meeting that every probationer should pass an entrance examination in reading aloud, writing from dictation, and in the first rules of arithmetic. It was moved and carried that any superintendent expelling a pupil nurse for immorality, unfaithfulness, or any gross fault, should inform the president, who should send the name and offense of such pupil to the other superintendents of West Virginia for their protection. There was a long discussion as to the first year studies. Aikens' book on the junior nurse was recommended. Anatomy, physiology, junior materia medica, dietetics, junior bacteriology, and practical nursing were specified as indispensable first year studies. Private nursing by undergraduates was a subject that caused much discussion. The law of West Virginia on the subject was read, and a copy given to each member present. Many instances of the abuse of this custom were cited. The meeting went on record as deprecating this custom except for such patients as could not pay for graduates, and whose cases presented such features as would assist the pupils' clinical knowledge, such nursing never to be done except in the pupil's third year, preferably in the last half of it. The following officers were chosen for the ensuing year: president, Miss Vernon, Miners' Hospital, Fairmont; secretary, Miss Walker, Davis Memorial Hospital, Elkins. The following very simple constitution was adopted:

Name, Superintendents' Association of West Virginia.

Object, The betterment of the training schools for nurses of West Virginia.

Officers, The officers shall be a president and a secretary.

Membership, Any graduate nurse belonging to the state society, who holds the position of superintendent of a West Virginia hospital or training school for nurses, or who aspires to such a position shall be eligible for membership.

Dues, There shall be no dues, the State Society will assist when any printing is necessary.

Meetings, The meetings shall be held at the same time as the meeting of the State Society of Graduates Nurses.

By-laws.

Article I. The election of officers shall be held at each annual meeting.

Article II. The secretary shall keep the minutes of the meeting.

The Charleston nurses hospitably entertained their guests with a reception the opening night; a dinner at Charleston's beautiful country club, the following evening; and a boat ride on Kanawha River, and picnic supper, the last night. The wife of the secretary of state received the nurses at the Executive Mansion the second day, the Governor being away on account of ill health, and his wife being in attendance on her husband. The papers read were very instructive; they were: "The nursing of convalescents," Mrs. Mary G. Carpenter; "Anti-tuberculosis work in Charleston," Miss Slike; "Ophthalmia Neonatorum," Dr. Vincent Churchman; "The teaching of bacteriology," Mary Reid. On Friday a party of nurses went to the Sheltering Arms Hospital on Kanawha River, where they were hospitably entertained. This hospital is built and maintained by the Episcopal church of the state, and is for coal miners and their families. It is new, very complete, and is beautifully located on a hill sloping down to the river. Officers elected were: president, Mrs. George Lounsberry, Charleston;

vice-presidents, Mrs. Mary Carpenter, Wheeling, Emma Vernon, Fairmont, Evelyn Walker, Elkins, Mary Gaule, Huntington; secretary, Mrs. M. J. Steele, 5 Hubbard Court, Charleston; treasurer, Loretto McGrail, 1240 Lynn Street, Parkersburg. The next state meeting will be held in the spring at a time when Miss McIsaac, inter-state secretary, can be present.

Governor Glaascock sent a letter to the president of the state association, regretting his necessary absence from the city at the time of the nurses' meeting and expressing his interest in their work:

"It would have been a real pleasure to have extended to them personally a cordial greeting, and a word of welcome, but I must take this means of saying to them that there is no subject they will discuss, or in which they are interested, that does not have an equal interest for all. You believe in raising the standard until only the best and most efficient shall be permitted to practise your profession, and so do we. You favor such laws as will protect your profession, and prevent imposition on the public, and in your efforts along that line you are entitled to the support of all good citizens.

"My personal experience with nurses has been most satisfactory and has taught me to believe that your profession ranks with the best and most honorable in which men and women engage, always excepting the ministry and teaching."

#### OHIO

**Cleveland.**—MATILDA JOHNSON, superintendent of the Visiting Nurse Association, has spent part of the summer abroad.

#### MICHIGAN

**Detroit.**—AGNES G. DEANS, who has been doing tuberculosis nursing under the Board of Health, has taken charge of the City Hospital, which is under the same management.

#### MINNESOTA

THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in St. Paul, on October 11. There will be two sessions, at 10 A.M. and 2 P.M. Isabel McIsaac, inter-state secretary of the Associated Alumnae, will be present and will speak on "What Organization Might Do for Our Nurses."

#### ILLINOIS

**Chicago.**—ALLIE WALDEN, class of 1910, Hahnemann Hospital, has taken the position of night supervisor at the hospital.

GERTRUDE BOWENS, a graduate of the Illinois Training School, has resigned her position at the Children's Memorial Hospital and will spend the winter in California. She is succeeded by Mabel McNeel, graduate of the Hospital for Sick Children, Toronto.

MISS E. R. CALLAHAN, graduate of St. Stephen's Hospital, Richmond, Indiana, and recently head nurse at the Sloane Maternity, New York City, has taken charge of the obstetrical work in Cook County Hospital.

**JEANNETTE S. LYON, R.N.**, class of 1899, Episcopal Hospital, Philadelphia, has given up her work with the Chicago Tuberculosis Institute and accepted the position of superintendent of the Provident Hospital.

#### INDIANA

**THE INDIANA STATE NURSES' ASSOCIATION** will hold its eighth annual convention on October 4 and 5, in the Y. W. C. A. building, Indianapolis. Miss Isabel McIsaac, inter-state secretary of the Associated Alumnae, will address the convention on October 4, on "Our Future, What Will We Make It?"

**THE INDIANA STATE SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES** will hold its annual meeting on October 3, in the reception rooms of the Protestant Deaconess Hospital Nurses' Home.

**THE INDIANA STATE BOARD OF EXAMINERS OF NURSES** will hold an examination on Wednesday and Thursday, November 16 and 17, 1910, in the State House, Indianapolis. For application blanks or information, apply to

**EDNA HUMPHREY, Secretary,**  
Crawfordsville.

**Richmond.**—**LIZABETH HEFFNER, R.N.**, graduate of Home Hospital, Lafayette, and **Clare Brook, R.N.**, graduate of St. Vincent's Hospital, Indianapolis, have come to Reid Memorial Hospital to fill the positions of assistant superintendent and surgical nurse.

**South Bend.**—**EDITH G. WILLIS, R.N.**, has recently returned from graduate work in New York City and, on September 1, assumed the superintendency of the Epworth Hospital.

#### IOWA

**THE STATE EXAMINATION** in July resulted in the passing of fifty-four nurses. This makes a total of more than one thousand registered nurses in the state.

**Des Moines.**—**THE REGISTERED NURSES' ASSOCIATION** has established a central directory under the management of the association, with a registered nurse in charge. The members feel greatly indebted to the nurses of St. Paul, Minneapolis, and Kansas City for their cordial aid and helpful suggestions.

#### RULES FOR REGISTRY

**Rule 1.** A directory or registry committee must be appointed until next regular meeting to manage the registry, and may consist of executive committee and a few others.

**Section 1.** The Des Moines Registered Nurses' Registry shall be under the immediate care of a registrar, who shall be a registered nurse in good standing and a member of the Des Moines Registered Nurses' Association. She shall be employed by the association at a stated salary, and while so employed shall not be eligible for office in the association.

**Sec. 2.** The registrar shall be at all times responsible for the work of the registry. She shall not leave the registry without a competent person in charge, having written directions. She shall keep a complete set of books and make a full written report to the association at the first meeting of each month. She may collect and receipt for money due the registry and pay over the money to the treasurer of the association once a month.

**Sec. 3.** A special record shall be kept by the registrar of every nurse sent

out with the data, name, and address of patient or physician if same can be secured.

Sec. 4. The registrar shall at any time when requested attend the meetings of the executive board.

Sec. 5. All complaints whether against the registrar or members must be made in writing duly signed, and sent to the president only who shall lay the matter before the registry committee for investigation.

Sec. 6. A two-thirds vote of all members of the registry is required for a change of registrar. The registrar shall give two months' notice, in writing, to registry committee if it is not possible for her to hold said office.

#### RULES FOR MEMBERS

Section 1. A list of all nurses registered shall be kept by the registrar with school from which they graduated, the language they speak, the class of case which they prefer or object to, and their schedule of prices.

Sec. 2. Nurses making an engagement must report at once by telephone or card. If notice is not received within 48 hours after the engagement is made, the cause of such omission shall require investigation by the registry committee. If the nurse is found to be in fault she will be fined \$1.00 for each offense and suspension after third offense.

Sec. 3. Nurses reporting for duty are placed at the foot of the list. When no request is made for the particular nurse, the registrar shall, if possible, send the first one on the list who is registered for the class of work to which the case belongs. Refusal of any case for which a nurse is registered shall place her at the foot of the list, unless a valid excuse be given the registrar.

Sec. 4. After nursing contagious or infectious diseases, the nurse may be sent to any case at any time, provided the physician has been informed of the facts, and the nurse gives assurance that she has properly disinfected and is herself in good physical condition.

Sec. 5. When a nurse's name has become third on the list, she shall receive notification from the registrar to that effect, and after this she must not be out of reach of the directory for more than two hours at a time without notifying the registrar of the fact. If a nurse is beyond call of the registry for a longer time, she may lose the call, but not her place on the registry.

Sec. 7. In case of illness a nurse should report at once to the registrar and when ready for duty shall be entitled to the first call for the class of work to which she is registered, providing her illness has been protracted three weeks or more. Otherwise she shall be entitled to the same place on directory she had held previous to her illness.

Sec. 8. The directory fee shall be \$8.00 per year, payable semi-annually in advance in January and July. This fee shall cover the initiation fee and dues for the fiscal year of new members. Members joining the directory after January or July shall pay at the rate of \$1.00 per month until the next semi-annual payment is due.

Sec. 9. Nurses listed for work on the registry are requested to notify the superintendent of registry as soon as possible after accepting private calls.

Sec. 10. A nurse at the head of the waiting list may, with the knowledge and approval of the registrar, give a registry call to another nurse, taking the place of the latter on the list.

Sec. 11. These rules may be amended at any regular meeting or at any special meeting called for that purpose, provided that notice of change proposed be mailed to each member of the association at least one week before said meeting.

Note.—The committee will be glad to meet any of the nurses at the regular meetings to receive suggestions which will add to the efficiency of the directory.

**Stuart.**—**LUELLA BRISTOL**, who has been for two years superintendent of Stuart Hospital, has gone to Ann Arbor, Michigan, to become superintendent of nurses at the University Hospital.

#### OKLAHOMA

**THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES** will hold its second annual convention in Muskogee, October 18 and 19, in the auditorium of the Commercial Club. Many pleasures have been planned by the members of the local association for the visitors.

#### COLORADO

**THE COLORADO STATE BOARD OF NURSE EXAMINERS** will meet at the State Capitol, Denver, on October 26, 27, and 28, to examine applicants for registration according to "An Act Relating to Professional Nursing." For further information, address

MARY B. EYRE, Secretary,  
1942 Pennsylvania St., Denver, Col.

#### WASHINGTON

**Seattle.**—**THE KING COUNTY ASSOCIATION OF GRADUATE NURSES** held its regular meeting at the Assembly Hall, Henry Bldg., on September 6, with sixteen members present and the president in the chair. After the usual routine of business was over, Miss Loomis gave an interesting account of the meeting of the Washington State Association, held at Spokane in June. An offer to supply free to the members 2000 copies of a four-page pamphlet on "Moral Prophylaxis" was received from Miss Adele Fielder, on condition that they be distributed among mothers and other women interested. A motion to accept the offer was made and seconded and unanimously carried. The pamphlets may be obtained from the secretary at her office, 310 Cobb Bldg. Seventeen applications for membership were accepted and one laid over for further consideration. The meeting adjourned at 4.30 P.M.

**CAROLINE TRIMBLE**, a graduate of the Homœopathic Hospital, Rochester, N. Y., and a member of the King County Association of Graduate Nurses, has been appointed third school nurse for the Seattle Public Schools.

**Tacoma.**—**THE PIERCE COUNTY GRADUATE NURSES' ASSOCIATION** held its first meeting after the summer vacation on September 5, at the Fannie Paddock Nurses' Home with six members present. On account of the absence of the president, Miss Sill, first vice-president, presided. The office of treasurer was declared vacant on account of the prolonged absence of Miss Rose from the city. Mrs. Cummings was chosen to fill the vacancy for the remainder of the year. The nurses present enjoyed a very pleasant and instructive lecture on Insanity by Dr. Mary Perkins. The question of joining the State Federation of Women's Clubs was again brought forward and discussed; it was decided to bring it up

for further discussion at the next meeting, also the changing of the time of the annual meeting. The other county associations in the state are trying to have a uniform time in order to have all state dues in by the first of the year, so it was decided to also bring this up at the next meeting, to have the annual meeting in the latter part of the year instead of at the first. In spite of the small attendance, a very enjoyable evening was spent by all present.

ADA WOODHURST and CHRISTINE ROEHL have left the nursing ranks to be married.

#### CALIFORNIA

Redding.—ST. CAROLINE SANITARIUM has been rebuilt in attractive mission style, of concrete. It is a one-story structure with twelve private rooms for patients, an excellent operating room, and other needed equipment. There are wide porches onto which the beds can be rolled. Theresa Erickson is superintendent with a staff of three graduate nurses.

#### BIRTHS

ON June 4, a son to Mr. and Mrs. Hampton Allen. Mrs. Allen was Julia Bronia, a graduate of the Orange Training School for Nurses, Orange, N. J.

ON July 4, at Phoenix, Arizona, a son to Mr. and Mrs. Barry Goldwater. Mrs. Goldwater was Jo Williams, a graduate of the Illinois Training School.

ON August 1, at Riverside, Cal., a daughter to Mr. and Mrs. R. S. Baldwin. Mrs. Baldwin was Martha Vernon, graduate of the Illinois Training School.

ON August 16, at the Seattle General Hospital, a son to Dr. and Mrs. John Hunt. Mrs. Hunt was Grace Poitras, class of 1908, Seattle General Hospital.

ON August 11, at East Boston, Mass., a daughter to Captain and Mrs. Benjamin P. Kemp. Mrs. Kemp was Emma E. Knapp, class of 1906, Boston City Hospital.

ON August 17, at the Seattle General Hospital, twin son and daughter to Dr. and Mrs. Hollingsworth. Mrs. Hollingsworth was Delphine Louise Robertson, graduate of the Bryn Mawr Hospital.

#### MARRIAGES

ELIZABETH GRATES, class of 1907, Illinois Training School, to Frederick Steele.

IN June, at Wheaton, Ill., Helen Brewster, class of 1908, Illinois Training School, to Frank B. Lovell, M.D.

ON August 2, at Toronto, Canada, Florence Davidson, class of 1904, Hahnemann Hospital, Chicago, to E. O. McWilliams, of Pittsburg, Pa.

ON July 23, Alice Smith, class of 1907, Mercy Hospital, Chicago, to James Perkins. Mr. and Mrs. Perkins will live in Christobal, Panama.

ON June 18, Sara Wood Harper, class of 1897, Allegheny General Hospital, to Delos Woodward Howe. Mr. and Mrs. Howe will live in Delphi Falls, N. Y.

ON June 1, Ida R. Glemser, class of 1898, Allegheny General Hospital, to H. Lawrence Noble. Mr. and Mrs. Noble will live at 920 Calle Valenzuela, Santa Mesa, Manila.

ON July 26, at Spokane, Wash., Emma A. Plough, class of 1908, Hahnemann Hospital, Chicago, to Fred Romaine Miller. Mr. and Mrs. Miller will live in Chinook, Montana.

ON September 6, at Fremont, N. Y., Ethyle Hall, class of 1908, Illinois Training School, to William G. Valentine. Mr. and Mrs. Valentine will live at 342 Forty-third Avenue, Chicago.

ON August 31, at Providence, Rhode Island, Amy Mary Beasset, class of 1900, St. Joseph's Hospital, Yonkers, N. Y., to John Thomas Collins. Mr. and Mrs. Collins will live in Newport, Rhode Island.

ON September 13, at the home of the bride's parents, Ruby Dickinson Warner, class of 1906, Jamaica Hospital Training School, to Willard W. Ruggles, M.D. Dr. and Mrs. Ruggles will live in Brewster, N. Y.

ON June 15, at Manassas, Virginia, Norma Vera Round, R.N., class of 1903, Barnard Hospital, Baltimore, to William Willis Davies. Mr. and Mrs. Davies will live in Manassas. Miss Round was sanitary supervisor of the Woman's College, Baltimore, for several years, also an enthusiastic president of the alumnae association of her school until shortly before her marriage.

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#### DEATHS

ON August 13, at Hahnemann Hospital, Chicago, of peritonitis, Anna Boyd, one of the first of the Hahnemann nurses. Miss Boyd's services as a private duty nurse were untiring.

AT the last meeting of the alumnae association of the Metropolitan Hospital Training School for Nurses, announcement was made of the death of one of the members, Cara Kenyon, class of 1895. Miss Kenyon had been engaged in private nursing for the past years. Her death will be much regretted by her associates and many friends.

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## BOOK REVIEWS

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IN CHARGE OF

M. E. CAMERON

**ALCOHOL—A DANGEROUS AND UNNECESSARY MEDICINE—WHY AND HOW.** By Martha M. Allen. Price, \$1.25. National Woman's Christian Temperance Union, Marcellus, N. Y.

The second edition of Mrs. Martha Allen's book compares with the earlier most encouragingly. At the time of its first appearance the subject was one which did not commend itself to the laity, where alcohol was regarded as a sovereign remedy, without which no household was properly equipped. Physicians had indeed, to a great measure, ceased to make use of alcohol as a remedy for diseases, but it was then as now used as a safe and harmless medicine for emergencies in the hands of countless numbers of ignorant lay people.

Ten years, says the author, in the preface to the second edition of her book, has brought about a great change. The passive attitude of the medical profession has entirely disappeared; in its place there has arisen what nearly approaches a popular campaign against the indiscriminate use of alcohol. It is now used far less as a vehicle for drugs, far less as a stimulant,—its use as a food is prohibited in many diseases, and the erstwhile popular patent medicine, which obtained favor exactly in proportion to its percentage of alcohol, is tabooed in respectable circles. All this must be most encouraging to Mrs. Allen and the Woman's Christian Temperance Union, of which Mrs. Allen is superintendent in the medical department. The book shows that she has covered an enormous field of work, following the opinions of the medical profession, not only in America, but in England and on the Continent, marking down every recruit gained for the cause which is so dear to her heart, and watching the ever-increasing tide of a reform towards sanity and right living. The book is so largely a collection of extracts that one can scarcely do her justice in a review—her facts are most carefully selected and are set forth convincingly, her practical suggestions are most useful. Many find it difficult to give up the use of a general remedy that is, unfortunately, always at hand, and Mrs. Allen is kind to such feeble folk, offering in every instance some safe and effective and harmless substitute; this is in some cases a quotation from a

medical authority; in some, short practical suggestions derived from personal experience, and sometimes both; as in cases of insomnia, there is given medical advice and this is followed by original matter as follows: "A walk in the evening or gentle calisthenics may help those of sedentary habits. Bicycle riding and horse-back riding in the evening have helped many."

"The practice of deep breathing will often put persons to sleep when all other devices fail. The lungs are filled to their utmost capacity, and then emptied with equal slowness, repeating the respiration about ten times a minute instead of eighteen or twenty, the natural rate."

Mrs. Allen, while she acknowledges the immense gains that have been made by the cause of the "non-alcoholics," recognizes that there remains a vast deal to be done in conquering the prejudices of the people, and exposing the delusions they entertain with regard to the proportionate good and evil qualities of alcohol. She asks the co-operation of those who are willing to help forward the cause for which she has worked so long and so faithfully.

**NURSING IN DISEASES OF THE EYE, EAR, NOSE, AND THROAT.** By The Committee on Nurses of the Manhattan Eye, Ear, and Throat Hospital, New York City. Price, \$1.50 net. W. B. Saunders Company, Philadelphia and London.

This book is compiled for the use of nurses who have had general preliminary training in hospitals and training schools of varied standards. The various subjects are treated by members of the hospital staff and the superintendent of nurses, Miss Eugenia Ayers. Members of the staff who contribute are J. Edward Giles, M.D., Arthur B. Duel, M.D., John R. Shannon, M.D., John R. Page, M.D., Herbert B. Wilcox, M.D. It is a 12mo volume of 281 pages and liberally illustrated.

The book is arranged in five parts. The first is devoted to general nursing and covering: "The germ theory of disease; Antiseptics; Disinfection; Sterilization; Preparation for the operating room; The nurse's duties during operations; The nurse's duties in emergencies; The management of troublesome children; The ideal nurse and her conduct in the sick room; The care and feeding of infants." This general overlook of the field of nursing occupies ten chapters and conforms closely to accepted methods having the additional features of special nursing, and some valuable hints on restraining and handling children for examination of eye, ear, throat, etc. The remaining four parts follow in the order of the title of the book. Each subject is treated in

the same order—the anatomy and physiology of each; examination of the organ, diseases, remedies; methods of treatment, complete lists and illustrations of the instruments used, with in every case a diagram of placing of the same on tables, etc., for operation, thus making the book an infallible guide for the nurses of this school at least; possibly other surgeons might require other arrangement.

**ELEMENTARY MATERIA MEDICA FOR PUPIL NURSES.** By F. W. Scott, Jr., Ph.G., Instructor in Materia Medica, Long Island State Hospital Training School for Nurses.

This is a little volume exceedingly slender in its proportions, and intended to serve as a preliminary to more extensive knowledge of materia medica. It is concerned largely with the weights and measures in use in materia medica, proportions for solutions, dosage, classification and definition of medical preparations; abbreviations used in prescription writing, prescription writing; followed by an alphabetical list of some of the medicines in ordinary use, with very brief note of their properties, action, and, in the case of poisons, their antidotes.

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"DIRECTIONS for living and sleeping in the open air," is the title of a pamphlet being sent out by the National Association for the Study and Prevention of Tuberculosis to its local representatives in all parts of the United States.

The pamphlet is meant to be a hand-book of information for anybody who desires to sleep out of doors in his own home. It emphasizes the fact that out-door sleeping is as desirable for the well as for sick. The booklet will be sent free of charge to any one applying for it at the headquarters of the National Association for the Study and Prevention of Tuberculosis in New York, or to the secretary of any local or state anti-tuberculosis association.

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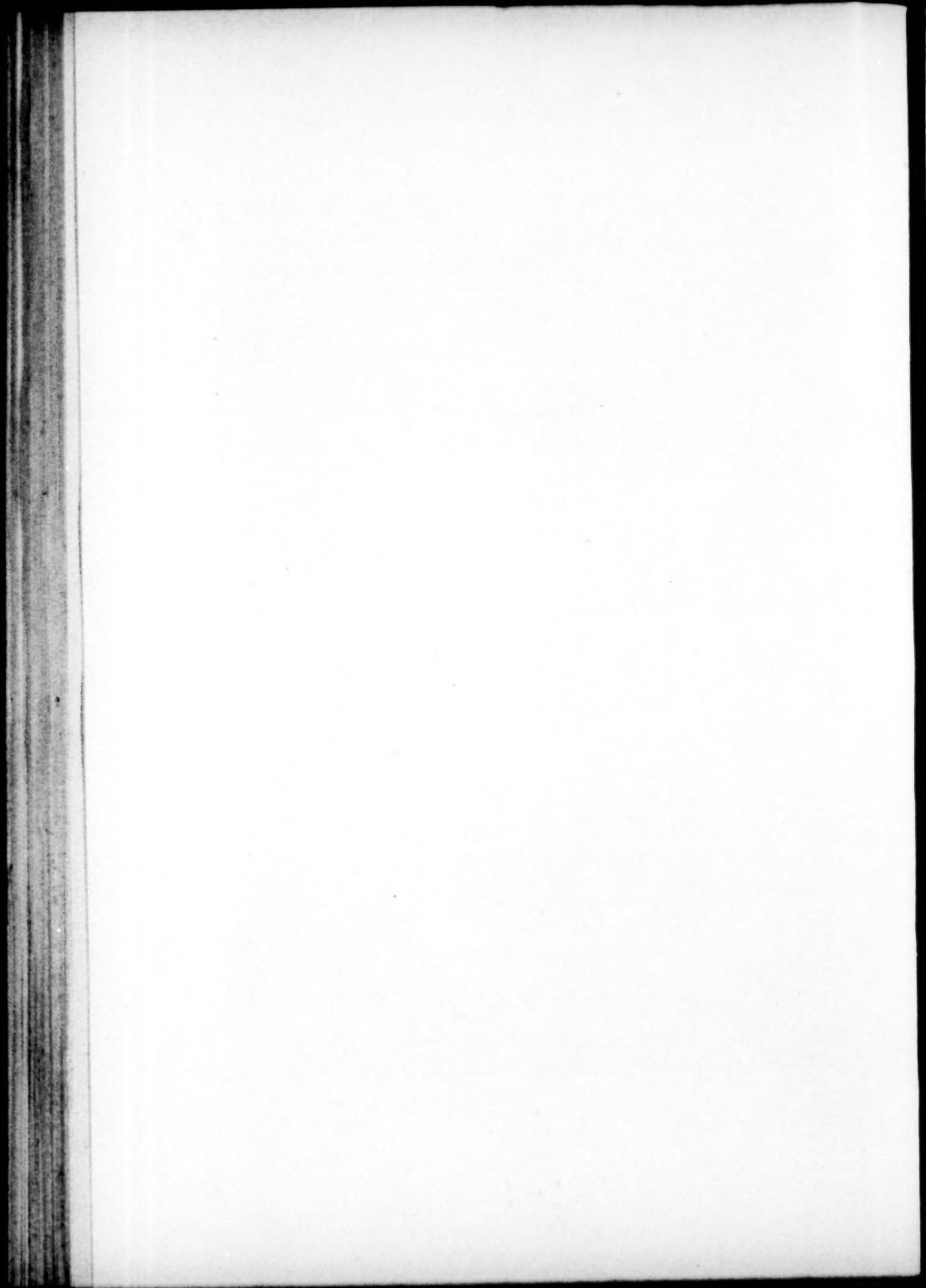
Boys' Club



ISABEL A. HAMPTON.  
From a photograph taken while living in Baltimore.



ISABEL HAMPTON, AS YOUNG NURSE.



section. We think the nurses of this and other countries will lose a great opportunity if they let this meeting pass without provision for a nursing programme.

We want to emphasize what Miss Foley has said in the Department of Visiting Nursing in regard to this matter, but it would seem to us very necessary that in addition to collecting material, there should be a committee to push this matter through, perhaps the committee on Tubercular Nursing of the Associated Alumnæ will undertake it. We do not understand that either Dr. Stella or Miss Gallagher has consented to work definitely for this purpose. If we are wrong in this, we shall be glad to be corrected for the benefit of our readers and of the cause.

#### THE LETTER DEPARTMENT

A CRITICISM of the letter department, which recently reached us, interested us exceedingly, and we wonder how many nurses would agree in the point of view of the person making it. A superintendent, being asked to use the JOURNAL more extensively in instructing her senior pupils, replied that she could not do so because of the letter department, that it contained things she did not wish her pupil nurses to read. What things? we wonder.

When graduate nurses are asked to tell where they have found their preparation lacking, they almost always reply that they were not sufficiently instructed as to the problems and conditions which they meet in the homes of their patients, so different from those of an institution. Now the letter department is largely made up of communications from private duty nurses. It is their mouthpiece, their chance to talk together about the actual working conditions of their life. Here are no theories or hypothetical cases, but every-day life as the nurse sees it. Could the pupil nurse be better prepared to meet such emergencies than by having these problems brought up and discussed while she is still in training? If the superintendent does not agree with the point of view expressed by some writer, she can help her pupil better by discussing it with her frankly than by trying to keep her in ignorance.

Some of our readers, who are in a position to keep in touch with all that is new and interesting in the nursing and medical worlds, may think some of the letters prolix and the subjects trivial, but from the correspondence which constantly reaches our office we know that the discussion of these homely problems is of the greatest help to the isolated nurse, who has no other way of conferring with her fellow workers. A great many nurses read the letter department who do not take time to read anything else.

**PRACTICAL SUGGESTIONS**

One of our readers writes that she wishes we might have a department for practical suggestions, and sends us several excellent ones which we have embodied in the letter department of this issue. For several years the JOURNAL published a separate department devoted to just such hints and suggestions, but it was given up because it was so very difficult to induce nurses to contribute to it. All such contributions are now included in the letter department, where they often form the basis for a lively discussion and where they are, we think, more widely read. We are always glad to welcome such material.

**ILLUSTRATIONS**

The cost of illustrations makes it impossible for us to produce more than three or four in each issue of the JOURNAL. For this reason illustrated articles are sometimes held back until there is space for them, several are being so held at the present time.

The beautiful picture of Miss Hampton and a child patient, which accompanies Miss Conover's letter in this magazine, reached us too late for the October memorial number, and with another, sent by Dr. Robb, is printed on a loose leaf so that nurses may transfer them to that number and keep all the Robb memorial material together.

**A NIGHTINGALE COMMEMORATION NUMBER**

The January JOURNAL will be largely devoted to articles on Florence Nightingale. Some of our nurses who had the privilege of knowing her will contribute personal reminiscences and a large part of the invaluable addresses given at the time of the Nightingale celebration in New York will be included. This will make valuable historical material for nurses' libraries, both public and private, and if sufficient orders are received in advance to warrant a separate publication, these pages will be bound in an appropriate way, separate from the rest of the JOURNAL material for that month, and may be purchased for preservation.

**MISS McISAAC'S TRIP**

THIS office is hearing most enthusiastic reports of Miss McIsaac's trip through the west. It will be remembered that in this journey she acts as field secretary for the JOURNAL, the Red Cross, and the Associated Alumnae. At Indianapolis thirty-five nurses enrolled for the Red Cross, while subscriptions to the JOURNAL and its Purchase Fund were gratifying. Exact data from later points are not yet at hand.

Miss McIsaac's itinerary until early December will be found in the Official Department and we wish to remind nurses in the territory through which she travels that they will miss a great opportunity if they do not waylay her in passing. If they will study the itinerary they will understand the kind of work she is doing as well as the route she is taking.

It will hardly be possible for the east to surpass the cordiality of the west, but we hope when Miss McIsaac turns her face in that direction she will find as warm a welcome as the west is according her. Our only fear is that she may have to end her year's work in a sanitarium to recuperate from the mental and physical effort which her journey is entailing.

#### CANADIAN NURSES ELIGIBLE FOR RED CROSS SERVICE

ONE of the questions frequently asked the inter-state secretary is whether Canadian-born nurses must become naturalized in order to enroll for Red Cross service. An inquiry was sent to Washington and elicited the following reply from Charles L. Magee, secretary of the American Red Cross.

"Canadian nurses do not have to become naturalized American citizens before enrolling as American Red Cross nurses. In entering the military service in time of war they would, of course, have to take the same oath of allegiance to the United States as would other Red Cross nurses."

#### NEWS FROM MISS DELANO

A PERSONAL letter from Miss Delano to the editor-in-chief gives a most delightful impression of her trip to the Philippines. She has been very busily engaged in her official inspections and was planning to visit China and Japan, and to make a stop at Fort Bayard, New Mexico, before returning to Washington in November.

#### PAMPHLET ON MASTURBATION

MISS DOCK reports that so many orders have been received for the pamphlet on masturbation that it has been a physical impossibility to acknowledge them, and it has been necessary to send to England for a second supply of the leaflets. These will be distributed as rapidly as possible to those who have sent in orders.

The protest against the prostitution law of New York State has been printed in leaflet form and may be had from Miss Dock at five cents a copy. She should be addressed at 265 Henry Street, New York City.

## THE RESPIRATORY TRACT IN HEALTH AND DISEASE \*

By WILLIS S. ANDERSON, M.D.

Visiting Laryngologist to Harper Hospital, Detroit, Michigan

**GENERAL CONSIDERATIONS.**—Animals and plants require solid, liquid, and gaseous food. Plants derive their sustenance from the various salts and the moisture found in the soil, and from the carbonic acid gas, moisture, and oxygen of the air. Animals, besides solid and liquid food, must have oxygen from the air. Without oxygen animals die in a few minutes; without food they can live hours.

**Respiration.**—The purpose of respiration is to bring oxygen to the tissues of the body, and to remove the carbonic acid gas. It is necessary to have oxygen brought into intimate relation with the circulating medium, that an interchange of gases may take place. This is accomplished in various ways in different animals. All the tissues of the human body are composed of cells, such as, muscle, nerve, glandular, and many other varieties. Each cell, like the amœba, is composed of a little mass of protoplasm, which is nourished by the oxygen and other substances obtained from the blood as it circulates through the tissues; thus we see that respiration proper is carried on in the tissues themselves, and the upper air-passages, lungs, and the blood are merely the carriers of the oxygen to the tissues.

**COMPARATIVE STUDY OF BREATHING IN THE LOWER ANIMALS.**—  
**Protozoa.**—This class, of which the amœba is a type, is the lowest form of animal life. The amœba is a single-celled animal composed of a little mass of protoplasm. It absorbs all of its food, including the oxygen, through the surface of the body. It has no differentiated organs of respiration.

**Aquatic Animals.**—These animals must obtain their supply of oxygen from the air dissolved in the water. All water in the natural condition contains oxygen, but if the water is boiled, the air, with the oxygen, is driven off; therefore, aquatic animals cannot live in boiled water. Examples: sponges, fishes. Sponges have no specialized organs of respiration, or digestion. Numerous small pores on the surface conduct the current of water to cavities in the body of the sponge. The current of fresh water for respiratory purposes and for food is produced

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\* Summary of a course of lectures given to the pupil nurses of Farrand Training School, Detroit.

by the cilia lining the small cavities. The current leaves the body through an exhalant aperture (*oscula*).

Fishes breathe by means of gills. The gills are situated just behind the mouth, so that the current of water, bearing the oxygen, passes through the slits in the back wall of the mouth to the delicate branchial leaflets. The blood, circulating in the minute capillaries in the leaflets, takes the oxygen from the water and gives to it carbonic acid gas. The gills, in order to absorb oxygen, must be kept moist, so a fish in the air soon dies from the drying of the branchial leaflets.

**AMPHIBIANS.**—These animals are able to live both on land and in the water. Example, frogs. Frogs, in the tad-pole stage, breathe by gills, as fishes do, but the adult frog has lungs. The frog also has the power of absorbing oxygen through the moist surface of the skin. This is the reason they are often seen after a rain.

**LAND ANIMALS.**—The majority of these animals have specially constructed organs inside of the body, so that the blood can be brought into close contact with the oxygen of the air; a few have a delicate, moist skin for breathing purposes. Earth-worms breathe through the moist surface of the skin, therefore, it is impossible for them to live long in dry air. This accounts for the appearance of earth-worms on the surface of the ground after a warm rain.

Insects, as a rule, live in dry air, and must have their organs of respiration inside of the body to protect them from dessication. Their respiratory organs consist of numerous fine air-tubes, which extend along the whole length of the body, and ramify like a tree into finer and finer branches. The gaseous interchange occurs in the finest ramifications.

Reptiles are cold-blooded animals with slow respiration and circulation as compared with birds and mammals. Reptiles can live a long time without breathing, are more active in warm weather, and thrive in hot dry climates. The snake's lung consists of a long membranous sac, which extends along the whole length of the body, and contains in its posterior portion a sufficient store of respiratory air.

Birds have lungs, but in addition they have air-sacs permeating different portions of the body, which give them a supply of reserve air. These air-sacs are automatically filled during flight by the pressure of the air, and the movement of the wings helps to pump out the air; thus birds have this reserve power in addition to the usual method of breathing by the lungs. This explains why birds are never out of breath after a long flight.

**MAMMALS (HIGHER ANIMALS AND MAN).**—The current of air passes through the following organs to reach the air-cells: 1, nose, 2, naso-

pharynx (vault) ; 3, pharynx (throat) ; 4, larynx (voice-box) ; 5, trachea (windpipe) ; and 6, bronchi to the air-cells of the lungs.

**ANATOMY AND PHYSIOLOGY OF THE NOSE.**—The two nasal passages open forward on the face and behind into the nasopharynx, and are formed by bones and cartilages, which constitute the framework. The septum forms the inner wall of each passage, the turbinals the outer. The turbinals are scroll-shaped bones, covered by a thick mucous membrane, which is very rich in blood-vessels and lymph-channels. There are three turbinals: upper, middle, and lower.

**Sinuses.**—There are a number of bony cells, lined by mucous membrane, adjoining the nose, which are known as accessory sinuses. They communicate by small openings with the cavity of the nose. These sinuses are: 1, maxillary (antrum) ; 2, ethmoid cells; 3, frontal; 4, sphenoid. Diseases of the nose may extend to any of the sinuses. If the openings from the sinuses into the nose are closed from inflammatory swelling, pressure of tumors, or from other causes, serious results may follow.

**FUNCTIONS OF THE NOSE.**—1, breathing; 2, smell; 3, voice. The air as it passes through the nose is warmed, moistened, and filtered. Obstruction of the nose leads to mouth breathing, which is very injurious as the mouth cannot warm, moisten, and filter the air as it enters the lungs.

**Smell.**—The nerves of smell are distributed over the upper portion of the nose. The sense of smell is not nearly so highly developed in man as in some of the lower animals, such as, the dog, deer, and the bear.

**Voice.**—The nose and the sinuses act as resonators, and play an important part in the production of certain articulate sounds. (See voice.)

**ANATOMY AND PHYSIOLOGY OF THE NASOPHARYNX (VAULT OF THE THROAT).**—This dome-shaped cavity is bounded behind and above by the base of the skull and the vertebral column; in front by the nose; on each side by the Eustachian tubes, which connect the throat with the middle ear; and below it connects with the pharyngeal cavity at the level of the soft palate. The vault contains normally lymphoid (adenoid) tissue, which often becomes enlarged in children. The middle ear may become diseased through the extension of the inflammation, or infection, into the Eustachian tubes, from the throat.

**ANATOMY AND PHYSIOLOGY OF THE PHARYNX (THROAT).**—The pharynx extends from the nasopharynx, above, to the upper border of the larynx below. It is bounded behind by the vertebral column, and the muscles and the soft parts covering it; on each side by the muscles of the pharynx; and in front it connects with the mouth, or buccal

cavity. The pillars of the fauces and uvula mark the division between the pharynx and the buccal cavity. The points of interest are: soft palate and uvula; pillars of the fauces; tonsils. The soft palate, uvula, and the anterior and posterior pillars are muscular in structure.

The tonsils lie in a recess between the anterior and posterior pillars, and are composed of lymphoid tissue, similar in structure to the adenoid tissue of the vault. Normally the tonsils are not visible on ordinary inspection of the throat. When the tonsils are readily seen it is a sign that they are abnormally large.

*Lingual Tonsil.*—At the base of the tongue, on either side of the median line, is a small amount of lymphoid tissue, known as the lingual tonsil. Hypertrophy of the lingual tonsil is more common in adults than in children, while the reverse is true in the case of the faucial tonsils.

**ANATOMY AND PHYSIOLOGY OF THE LARYNX (VOICE BOX).**—The larynx is formed by cartilages which, at the points of union, form true joints, and are held together by ligaments. The movements of the cartilages upon one another are affected by numerous small ligaments. The cartilages that can be readily felt in the neck, and which give form to the larynx, are the large thyroid above, and the smaller ring cartilage below. The Adam's apple is the prominent anterior edge of the thyroid cartilage. It is more prominent in males than in females.

The hyoid bone is a horse-shoe shaped bone, situated above the thyroid cartilage, and held in position by numerous muscles and ligaments.

The epiglottis is a leaf-shaped fibrocartilage, placed behind the base of the tongue, and during the act of swallowing it assists in closing the upper opening of the larynx.

The vocal cords consist of two pairs: the upper, or false; the lower, or true. The cords are parallel to one another and extend across the larynx from before backwards. The false cords (ventricular bands) are merely folds of mucous membrane, which lie above the true cords, and form the upper border of the ventricle of the larynx. The true cords are musclosfibrous, which produce the voice when they vibrate. The ventricle of the larynx is the elliptical space between the false cords above, and the true cords below. It allows room for free movement of the cords. At the upper orifice of the larynx there are muscles arranged in the form of a sphincter which, by their contraction, help to close the orifice of the larynx during the act of swallowing.

The vocal cords are moved by muscles in three ways: 1, abduction; 2, adduction; and 3, tension. Abduction, or separation of the cords, allows the air to enter the lungs with each inspiration; adduction, or

the approximation of the cords, occurs when the voice is produced; and tension is necessary to give the different degrees of pitch to the voice.

The vocal organ is a flexible reed instrument, with the chest as the bellows; the larynx as the reed; and the nose, throat, and sinuses as the resonators. The intensity depends upon the blast from the chest; the pitch depends upon the vocal cords; and the quality depends upon the resonators. The pitch of the voice is the same for both sexes during childhood, but as puberty approaches a change takes place, due to the increase in the size and the shape of the larynx. The change is more notable in the male; the voice becomes lower in pitch and coarser in quality.

**VOICE AND SPEECH.**—"Voice is a column of breath set in vibration by its own impact with the vocal bands, and reinforced by its diffusion through the various resonators into the surrounding atmosphere" (G. Hudson-Makuen). Speech is articulate voice. Two mechanisms enter into the production of speech, first, the vocal bands and the respiratory organs below; second, the upper portion of the larynx, pharynx, palate, tongue, teeth, and lips. The resonators may be regarded as belonging to both mechanisms, for they are used to reinforce the primary tones of the voice, and also to give each vowel sound its characteristic quality.

The pronunciation of the various letters requires a definite position of the vocal organs. The position is always the same for a given letter. If there is nasal obstruction, cleft-palate, enlarged tonsils, or other abnormal condition, speech is affected. Defects in speech may be due to a number of causes; as, 1, lack of mental development, feeble minded and idiots; 2, lack of development of the vocal organs, hare-lip, cleft-palate, etc.; 3, pathologic conditions in the nose and throat, polypi, enlarged tonsils, adenoids; 4, lack of nervous control, stammering and stuttering; 5, ignorance, carelessness, and lack of education.

Congenital deafness, or deafness acquired early in life, is the usual cause of deaf-mutism. These patients can be taught to understand by reading of the lips. There is a close relation between the sense of hearing and the sense of speech. The musical quality of the speaking voice depends largely upon the acuteness of the subjective sense of hearing. Breath control is the important factor in the proper use of the voice, and should be mastered by every public speaker and singer.

**LUNGS.**—The lungs are divided into three right and two left lobes. The pleura lines the inner surface of the chest, and covers the outer surface of the lungs. The apposing surfaces are moist to prevent friction. The lobes are divided into lobules, and the lobules contain the smallest divisions of the bronchi, and the air-cells. The trachea, or windpipe,

divides into the right and the left bronchi. Each of these bronchi divides and subdivides into smaller and smaller bronchi until the air-cells are reached. The trachea and bronchi can be compared to an inverted tree and its branches.

*Capacity of the Lungs.*—Breathing, or tidal air, 25 cu. in.; complementary air, 100 cu. in.; reserve air, 100 cu. in.; respiratory capacity, 225 cu. in.; residual air, 100 cu. in.

The above figures are approximate only. Respirations, per minute, 14 to 18. Relation to pulse, 1 to 4, or 1 to 5. Rate of respiration varies greatly in different animals.

*Composition of the Atmosphere.*—Nitrogen, 79 parts; oxygen, 21 parts. Carbonic acid gas about 1 to 2000 parts by volume. Variable amount of moisture.

The blood, circulating in the walls of the air-cells, comes in close contact with the air. The blood takes the oxygen from the air and gives to the air the carbonic acid gas. The oxygen goes to nourish the tissues, and the carbonic acid gas is expelled from the body in the expired air.

**DISEASES OF THE RESPIRATORY TRACT.—General Considerations.**—Most of the diseases are due to infections, and may affect any portion of the respiratory tract. Thus we have rhinitis, pharyngitis, tonsillitis, laryngitis, and bronchitis.

Catching cold is due to a disturbance of the circulation which causes congestion, lowers resistance, and allows germs in the circulation, or on the mucous membrane, to develop. There are very few, if any, germs on the healthy bronchial mucous membrane, but in disease a large number are found. Chilling of one portion of the body often causes congestion of another portion, hence, wet feet, draughts, etc., act as predisposing causes of colds.

*General Measures against Catching Cold.*—Dress warmly, but do not bundle the neck with furs. Sleep in the fresh air. The living rooms should not be over 70°. Keep the stomach and bowels in good condition. Avoid damp feet and exposure. Breathe through the nose, not through the mouth. If nasal breathing is not possible all the time, something is wrong and should be corrected.

**NASAL OBSTRUCTION.**—An important cause of many catarrhal affections leads to impairment of health by interfering with free nasal breathing and oxygenation of the blood. Some of the frequent causes of nasal obstruction are: swelling of the mucous membrane and hypertrophy of the turbinal bodies; polypi and tumors; deformities of the nose, especially the septum.

Adenoids, very common in children, cause interference with free,

breathing by obstructing the vault of the pharynx. They lead to mouth breathing, ear disease and deafness, frequent colds, impaired general health and mental power. Removal of the adenoids improves promptly the local and general conditions.

**ACUTE TONSILLITIS.**—Acute infection of the tonsils accompanied by pain, fever, difficulty in swallowing, etc. It is often followed by rheumatism, or infection of other organs. Treatment includes, besides drugs and local applications, rest in bed and soft diet.

**ENLARGED TONSILS.**—General infection often enters the body through the tonsils, and leads to rheumatism, heart disease, tuberculosis, and pleurisy. They may do harm also because of their size interfering with swallowing, free breathing, or influencing the voice. They cause chronic congestion, with catarrhal symptoms in the throat.

**DIPHTHERIA.**—An acute infectious disease, usually involving the tonsils and the adjacent parts.

**PERITONSILLAR ABSCESS (QUINSY).**—Infection through the tonsil, with abscess formation behind the tonsil. Prominent symptoms are: swelling, fever, difficulty in swallowing and pain. Often occurs in rheumatic subjects, with enlarged or diseased tonsils.

**HAY FEVER (A NEUROSIS).**—Three important causative factors: 1, nervous predisposition; 2, pollen of certain plants, as an exciting cause; 3, abnormal nose. Other reflex irritations are possible factors. Treatment: correct any abnormal condition of the nose; avoid irritating pollens as far as possible; and improve nervous stability.

**HOARSENESS.**—This symptom is common to most laryngeal diseases, such as, laryngitis, tumors, tuberculosis, malignant disease, paralysis of the cords, etc. It is also due to excessive or improper use of the voice. Voice tire (laryngeal fatigue) is common in those who use their voices considerably and are not strong.

**ASTHMA (A NEUROSIS).**—Varieties: 1, bronchial; 2, spasmodic; 3, cardiac; 4, renal. Cardiac and renal are secondary to heart and kidney diseases.

**Bronchial.**—In this form there is a chronic bronchitis all of the time, with acute spasmodic attacks at varying intervals.

**Spasmodic.**—Many exciting causes, as, nasal obstruction, constipation, certain articles of diet; occasionally reflexly from certain diseases of the stomach, bowels, rectum, and pelvis. By far the most important cause is improper breathing through the nose. Treatment: prophylactic,—free nasal breathing, diet, regular habits, etc. Medicinal,—morphine, iodides, inhalations, etc.

**PNEUMONIA.**—An acute infectious disease, accompanied by consoli-

dation of a portion of the lungs. There is marked prostration, high fever, rapid breathing, and some cough. The recovery of the patient in a serious case depends largely upon the nursing. The patient should be kept absolutely quiet in bed, in a quiet, well-ventilated room. Avoid all unnecessary handling or moving of the patient. The windows of the room should be wide open, even in cold weather, to allow an abundance of fresh air. Fresh air during the whole course of the disease lessens the fever, improves the breathing, allays restlessness, and obviates the necessity of inhalations of oxygen. Nourishment should be given regularly. Fluid or soft diet.

**PLEURISY.**—An inflammation of the covering of the lung. Similar care to a pneumonic patient.

**GENERAL DIRECTIONS FOR THE CARE OF PATIENTS WITH DISEASES OF THE RESPIRATORY TRACT.**—Patients with acute diseases should be in bed as long as there is fever, in comfortable, quiet, well-ventilated room. They should always have abundance of fresh air. The bowels should be kept open, the diet should be a simple one. Mouth, nose, and throat should be cleansed with a simple alkaline wash as often as necessary, to lessen the danger of infection of the ears, or the sinuses of the nose.

In some diseases of the throat, and after tracheotomy the air should be warm and moist. Methods of securing moisture: 1, placing of a shallow pan of water on a stove, register, or radiator; 2, attaching a funnel by means of rubber tubing to a tea-kettle; 3, very hot bricks, or flat irons in a basin of water. The steam may be confined to the area over the patient by an umbrella, draped with a sheet. This serves very well as an improvised croup tent. Care should be taken to allow plenty of fresh air, and never wet the patient, or his clothes by the condensing steam.

The severe sore throat of quinsy, or tonsillitis, is relieved by douching the throat every hour, or two, with a hot saline solution. Method of douching the throat: attach drinking tube, bent at an angle of 45°, to the rubber tube connected with an irrigating can, or fountain syringe. Do not place the container more than 1 foot above the head of the patient, as a strong stream is painful. Have patient sitting, with head bent forward, or with head over side of the bed. Allow the stream to enter the throat and to flow out again into a basin. Use about 2 quarts of the solution at a temperature of 110°, or as hot as it can be borne.

**OPERATIVE CASES.**—If under a general anaesthetic, laxative the night before, enema in the morning, and a very light breakfast, or none at all if the operation is to be done early. An alkaline mouth wash several

times during the twenty-four hours preceding the operation is advisable.

If under a local anaesthetic, a simple diet for twenty-four hours, with a laxative if necessary. Nervous patients should be given 30 grains of bromide of soda, about an hour before the operation. Ice collar, or cracked ice, to relieve the pain and lessen hemorrhage. If hemorrhage from the tonsils is severe, use squares of gauze wrung out in ice water to make firm compression over the site of the tonsil. Codiene, or morphine, if necessary, to lessen pain. Diet: first day, water, milk, egg-nog; second day, custards, ice cream, eggs, boiled rice, etc. Extend the diet as the throat grows less sensitive. An alkaline mouth wash to be used frequently.

**FORMULÆ FOR SIMPLE GARGLES, MOUTH WASHES, AND DOUCHES.—** The U. S. Pharmacopœia, under the name Liquor Antisepticus, gives a formula that is satisfactory as a mouth wash and gargle. As the solution is slightly acid it is not quite as valuable as the alkaline antiseptic solution.

Liquor Antisepticus Alkalinus, of the National Formulary, is the most generally useful preparation. Diluted with four or five parts of warm water it is suitable for a nasal douche, a gargle, or a mouth wash. Saline solution is also valuable as a douche to the throat or nose.

There are many proprietary preparations on the market that can be used in the same way, but they possess no advantage over the officinal preparations. The following is a valuable spray, or gargle for the throat:

B	Alum powder .....	10 gr.
	Carbolic acid .....	1 min.
	Glycerin .....	2 dr.
	Water .....	1 oz.

A quarter of a teaspoonful of alum to a cup of water may be used as a gargle. The following is a soothing oil spray for the nose: camphor-menthol, 3 per cent. in white petroleum oil.

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THE perfect soldier loves peace, loathes war. No man can be such who cannot, whether alone or among thousands of his fellows, strive, suffer, and wait with magnanimous patience, stake life and fortune, and, in extremity, fight like a whirlwind, for the victories of peace.

GEORGE W. CABLE

## THE ANTI-TUBERCULOSIS MOVEMENT IN CHARLESTON \*

BY ERNA SLIKE

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DURING the International Congress of Tuberculosis, which was held in Washington in the fall of 1908, a few earnest workers (aroused to the fact that their home state was doing nothing to fight consumption) met in a private room at the New Willard Hotel and organized the State Anti-Tuberculosis League of West Virginia. Thus, West Virginia, although one of the last states to fall in line, took her place in the international crusade against the great White Plague.

Out of this State League, during that same fall and winter, grew several local leagues, among them the Charleston Anti-Tuberculosis League, whose object was to fight consumption in every possible way, to distribute literature, and to affiliate with the State League in securing an appropriation from the government for a State Sanatorium. At first the work was largely for State League. About \$100 was contributed to the state work, and \$50 expended for local relief.

In the spring of 1909, the bill for a State Sanatorium having met disastrous defeat, it was decided to confine the local work for the present to doing everything possible along educational, preventive, and, incidentally, curative lines in the homes of the people.

The best solution of this problem seemed to be in procuring a visiting nurse, who could go into these homes, advise, instruct, and have a general oversight of the welfare of poor consumptives.

It was my privilege to undertake this pioneer work in August, 1909, about one year ago. A few weeks proved most conclusively the dire need of a health crusade in Charleston.

At first the situation that confronted me seemed almost hopeless. The people with whom I had to work were ignorant mountaineers, who had drifted into town and, too shiftless to live properly, housed up in close places, soon contracted diseases.

Ignorant, unkempt, and untaught, they looked upon me with suspicion, I was taken for a soap-agent, an insurance collector, a female doctor trying to work up practice, and various other things. If I was

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able to render them some little service they were almost afraid to accept it, for fear I would at some future time demand pay.

My first step was to win their friendship and their confidence. This was a little difficult, but even the crudest of them had that innate hospitality, which characterizes the South, and when, after many lessons, I decided I must approach them as a guest on a social plane, I was received with open arms. It was often necessary to make five or six social visits, as I called them, before I could get down to business.

The second step was more difficult, and that was to convince them that they were suffering with tuberculosis, a communicable and infectious disease. They reasoned somewhat in this manner: "About five years ago, a doctor told me I had consumption, if I had consumption five years ago, by now, I would be dead, I am not dead; therefore I do not have consumption."

Even when convinced that they have the disease, they insist that it "ain't" as they say, "ketchin'," but look upon it hopelessly as a visitation from God. This White Plague, "the cough that can't be cured," is a manifestation of Divine wrath, not a pestilence that could be stamped out.

These hopeless, resigned cases are the hardest to deal with. "What's the use," they said, "God sent this upon me," and they sink into a state of indifference from which it is almost impossible to arouse them.

These tuberculous individuals do not come to us, they must be hunted out in their homes and haunts. Of these homes I wish to say just a few words. You, as nurses, I am sure appreciate the necessity of cleanliness and the observance of the simple laws of hygiene in any illness, but most especially in tuberculosis, which is primarily a disease of poverty and uncleanness.

You might suppose that Charleston, with its wealth and prosperity, its green hills, and broad shady streets, would be comparatively free from the predisposing causes of tuberculosis. If this is your supposition, I wish that I might take you with me to some of the poorer sections of the city. To be sure our city does not have its blocks of four-, six-, and eight-story tenements, where the unfortunate dwellers are herded together like animals, but in its alleys and poorer streets exist conditions that are shocking in the extreme. The poorer classes of people, many of them, have absolutely no idea of the laws of hygiene and sanitation, they live in dirt and filth, close ill-aired rooms, and under such conditions as could not fail to make them regular hot beds of disease.

The suggestion of a bath shocks them. To wet their skin is bad for their lungs, they say. Their windows remain tightly closed (in some cases I have removed nails). The bugaboo of the night air and its evils

is firmly implanted in their minds. Do you wonder that they are regular culture fields for tuberculosis?

In every family of this type you find that where one case of tuberculosis exists, almost infallibly that individual has infected two or three other members of the household, through ignorance, often through love,—the love of a tuberculous mother, the sort of love that feeds a child from the same dish, that kisses, and pets it during a coughing spell, that sleeps in the same bed with it. This is done through ignorance, and a little child is the victim. It takes months of patient reasoning and expostulation to convince some of these mothers of the dangers of this love.

To me, one of the most terrible things was the careless manner in which they would expectorate anywhere and everywhere. I would find great puddles on the floor beside the sick bed, or old tin cans standing around. I have seen cloths used for expectoration hung up before the fire to dry with little children playing about. I have seen the furniture and bedding taken from an infected home directly to a public storage house, without fumigation, because there was no law requiring fumigation.

Is it not criminal to allow such carelessness and such ignorance to exist in a civilized country in this enlightened twentieth century?

You may ask what can be done or what we are trying to do for these people? The state itself refuses to do anything; all our efforts are dependent upon private charity. Every charitable institution in this state closes its doors to the consumptive.

#### How care for them?

With unlimited funds, it would be comparatively easy, with little money it is a problem.

In the poorer class of homes we realize that little curative work can be done. It is impossible to obtain results when ten or twelve people are crowded together, eating, cooking, and sleeping in one or two small rooms. The only salvation for the sick one in that case is to remove him from his surroundings to a proper hospital or sanatorium.

This we hope to do when we finally secure our sanatorium. In the meantime we can only give these poor unfortunates what comforts are available and educate them up to the point of leaving their homes for a hospital.

At the present time there are many of these sufferers who might refuse to take advantage of a sanatorium had we one. They have an inborn dread of a hospital and a superstition about a terrible "black bottle," that must first be overcome. As one man said to me when

I suggested that he be sent to a sanatorium in a neighboring state, "No! I won't go to no hospital, they'd kill me like they did me brother." "What was the matter with your brother?" was asked. "Well, he had consumption of the lungs, tubuncles on his liver, and a poke of matter in his side, but he'd a bin a livin' yit if them there hospital doctors hadn't cut him open and killed him."

While their untaught minds are being disabused of these ideas, and they are being prepared for the sanatorium that is coming some day, many seeds of the doctrine of prevention can be dropped. The gospel of fresh air is being preached religiously, the nature of the disease, and the danger of its transmission are being explained, over and over again, in words of one syllable, not once or twice, but fifty or a hundred times.

These people are being encouraged and taught to clean up their houses and their bodies, to keep their door and windows open, flooding their rooms with sunshine, God's best medicine. Above all, they are learning to expectorate carefully and to destroy the germ-laden sputum by burning all infected material.

You may ask me whether we can see any results from this year's educational campaign and I would say most emphatically, yes!

Of course there are no marvelous results. We can not hope to entirely remake a family or overcome the habits of a lifetime in one year, or two years even. The work must be done on the theory that constant dripping wears away the stone; but we are not discouraged, windows are being opened, houses are being cleaned up. The people have learned to listen attentively when I try to talk to them, even though they do not always heed. They are interested and ask questions; and, above all, they have learned to trust the nurse and feel that she is their friend. They confide in her not only their physical ailments, but she is asked for advice in all family difficulties. In this way much can be done in time to elevate their moral standard and that is, of course, essential to the real solution of the problem of tuberculosis below the poverty line. Teach them to live properly and healthfully, and disease will take wings.

If you ask me for facts and figures, I might say, we have distributed hundreds of educational pamphlets; we have established a free tuberculosis dispensary; we have secured, in a measure, the co-operation of the Health Officer, and now have free fumigations of all houses vacated by tuberculous individuals.

Through the kindness of the Graduate Nurses' Association of Kanawha County, we have a well-equipped linen closet, from which linen is loaned to the sick poor in times of emergency. From this same generous source sanitary sputum cups are now being furnished to the patients.

During the year about 175 cases of tuberculosis have come under the observation of the League, and to them 3624 visits of instruction have been made by the nurse. The patients themselves have a record of 409 dispensary visits. We have 8 apparently cured cases.

Had I time I might cite individual cases and tell you of a little mother who, when she was told of the danger, sent her baby away from her and, living out of doors, under conditions almost equal to sanatorium ones, is slowly fighting her way back to health.

Or I might tell you of a boy, twelve years of age, who, one year ago, was found in a most deplorable condition. Two weak to raise his head, he lay on a pile of old quilts in a dark damp room, where the sun never penetrated. The rest of the family of six cooked, ate and slept in the same, doing washing and ironing for outside families.

He was emaciated until nothing but a skeleton, and dirty, and unkempt, indescribably so. The bed-clothes and all articles around him were covered with expectoration and there was a great puddle on the floor beside the bed. The mother, worn out, had been told he must die and no longer bothered to care for him.

This child was bathed and made comfortable. The family was induced to move into a better house, the League paying the difference in the rent. The child was kept in the open air and given nourishing food. In three months he had gained 15 pounds, and to-day is going to school apparently as well as the other children. The mother is keeping the little home clean and the child informed me that he always takes a bath now, and brushes his teeth after each meal. The neighbors speak of him in awestruck tones as the "Boy who rose from the dead."

Of course this was an isolated case, but it shows what can be accomplished, even under the most adverse conditions, and keeps away discouragement.

Of course we know that a sanatorium is the ideal place in which to treat tuberculosis; but in some of our better homes, we can and do obtain conditions that are almost equal to sanatorium ones. In many cases all that is needed is some one to advise, suggest, and encourage.

We have not accomplished anything wonderful, but we feel that we have made a good beginning and we expect to do greater things in the future.

I wish that I might say something that I might stimulate each one of you to a proper interest in the tuberculosis movement. Do you realize what it is we are trying to fight? how this disease spreads?

*Stop and think*, just a minute, what are you, as a graduate nurse, doing to fight tuberculosis?

What is your state, your county, your city doing? Inform yourself and get busy.

Here in West Virginia the tuberculosis bill will again be brought before the legislature and pushed most vigorously. You can help us by your personal interest and individual efforts. Don't you say, as I heard one nurse say, "I'm afraid of tuberculosis, I want nothing to do with it."

If you took a proper interest in this matter,—you and every other individual who is "afraid" of it,—you would not have to be afraid, for we would have every case of tuberculosis properly cared for, and under observation which would compel them to be careful.

This brings to mind another point and that is the cruelty of treating and thinking of consumptives as if they were lepers. That state of affairs exists in an exaggerated degree here in Charleston. It is one respect in which the public, as a whole, needs education. It is the lesson I try to impress upon every consumptive patient. The careful and clean consumptive is dangerous to no one. I think that the statement has been made on good authority that there are fewer germs to be found if a culture were taken in a well-conducted tuberculosis sanatorium than in one of our fashionable churches. In fact, I myself sat behind a man whom I knew to have tuberculosis last spring and saw him cough and expectorate down a hot-air register.

It isn't going to eliminate tuberculosis for anyone to stand aloof and contribute a dollar or two to ease his conscience. Every individual and every one of us as nurses must do our share of the work individually. What are you going to do? Fold your hands and say this is work for the United States government, the State Board of Health, the physicians, the tuberculosis nurse? No, it isn't, it is work for you as a graduate nurses' association, and as individual nurses.

You must create public sentiment, you must interest your physicians, your influential patients, your health officer, your churches, your friend; you must do it, and do it personally. Are you going to do it, or will you sit calmly by until your laundress, or your seamstress, or some other ignorant person carries the disease into your own home and you reap, with bitter tears, the results of your indifference?

Especially here in West Virginia is work for you—the state is shifting its responsibility. Don't shift yours.

We have met with many discouragements this past year and it has been uphill work; but still I say, with Dr. Osler, from the bottom of my heart, as he said after having made rounds with one of the tuberculosis nurses, "Were I a woman, I had rather be a district tuberculosis nurse than anything in the world."

## **PROFESSIONAL EXPERIENCE**

**BY CHARLOTTE MANDEVILLE PERRY**

**Late Superintendent Faxton Hospital, Utica, N. Y., Superintendent of Nurses,  
Grace Hospital, New Haven, Conn.**

DIFFICULTIES in estimating professional status have led to efforts toward forming some fair criterion which, at the same time, will be an aid to the candidate for executive positions. No one can rightly value experience till he has experienced its value. Even so, modifying factors must be taken into account. There is doubtless waste of energy to ourselves, as well as of material, used in the process of working our samplers of experience. Greater perfection will distinguish the samplers of those who have had, and made the most of, opportunity. There is much complexity surrounding the subject. Experience is the best teacher, but it is gauged by early education and by special training. Early education includes character, social position, and the education of the mind. This is an age of specializing, which makes the amount of preparation for life's work a matter of great moment. Standards have changed. Personality, prejudices, or ambitions prompt criticisms which are often unfair to the individual. Competition enters into the question. There is every reason for having a clear understanding as to what constitutes actual experience, which is a thing gradually acquired; for recognized standards of preliminary fitness; and for vouchers for personal characteristics and ability.

The part which character and its environment plays in the economy of experience cannot be overstated. Inner force and outward action are indissolubly connected. Moreover, it has been demonstrated in these days that health and good living have much to do with this inner force. It is a mistake to choose the mere push of youth over steady-going experience. But age, excepting its infirmities, is no real guide to efficiency. The ideal preparation for particular vocation is the training of the mind simultaneously with that of the inner and outer man. By social position is not meant wealth and luxury, but that kind of education which comes from homes which have harbored high thinking and noble deeds. And education of the mind is not the trying on of various systems, but that form of teaching which disciplines the mind into good intellectual habits, frees it from prejudice and false logic, and yet produces a mind not so plastic as to be easily swayed, nor deprived of the

force of conviction. Such development trains head and heart and hand. The education of life must keep pace with that of intellect, if the executive character is to be the result. Such a foundation is a good preparation for nursing.

Professional experience is, of course, related to the care of the sick as well as to hospital administration and to social service; and our special training largely determines our subsequent career. The cut and dried classification of members of the profession under executive ability and private nursing is in a measure unfortunate, though it cannot be denied that initiative and leadership are indispensable to the former. However, the object for which the hospital exists should never be lost sight of, and only the nurse who has distinguished herself in the care of the sick will be able to turn out good nurses from a training school. There is no doubt that our system of teaching in training schools for nurses is improving steadily. Preparatory instruction is widely being appreciated, and preliminary classes established in an increasing number of schools. This enables us to make the most of material; to save the patient from useless blunders; and the probationer from that unnecessary nerve-strain which accompanies the taking up of new and strange practical duties. In the care of the sick, preliminary training is next to the qualifications of the candidate for admission in importance. Training schools have long been feeling their way towards the best methods. The marked difference in qualification which candidates present is only an additional reason why preliminary training should aim at more uniform methods before the pupil is allowed to precipitate her errors upon the defenceless heads of patients.

Post-graduate courses in hospitals, and those connected with universities and colleges (which are quite comprehensive), are of the utmost value in meeting first responsibilities, or in re-enforcing one's experience with latest methods, as heads of hospitals. In first entering upon administrative experience, there is some danger of mishap through inexperience. Very often the knowledge we need comes too late to save the hospital or training school from loss, and from the train of woes following in the wake of mistaken action, or of inaction due to blindness of the present need, of being swayed this way and that by interruptions, wrong advice, and the like. We should have an experienced hand at the helm, and until the hand becomes so, the hospital ship will deviate according to the power which directs. First, there should be a clear idea of the departments of a hospital, and of the assignment of work to those delegated to look after them. To the young superintendent, the work of an institution appears *en masse*. She does not realize how much

depends upon classifying both work and workers; that frequent changes are disastrous, as breaking up the continuity of the work and the acquaintance of the worker with it. New persons, probably drawn from an equally important post, must be detailed to take up what someone has dropped. This refers to executives, and to any part of the hospital corps to whom work has been assigned, not to the pupil nurse, whose changes are regulated so as to give a fair training in all branches of nursing. Another instance of the desirability of being acquainted with the duties assumed, is that of buying, should that fall to the superintendent. This requires good business ability. Familiarity with its details will be a financial gain to the hospital. There must be an accurate knowledge of what is in stock, to avoid duplicating; orders must be followed up to see whether supplies have been received in good and satisfactory condition, that they are stored safely, given out wisely, and economically used. And the need of previous preparation has brought the cure in the special courses already established in hospitals, colleges, and in connection with social service, for those anticipating institutional positions, or for those who wish to add to what they already have, or who have been out of office and become rusty. These find a way of gaining or maintaining that efficiency necessary to the executive of hospital or training school.

Social service is of modern growth. Professionally, the best point of emergence is from the hospital outpatient or dispensary departments. Its motive is hospital extension. It strives to make the work of the hospital more effective. Its influence is far-reaching in restraining that great tide of evil which threatens to overthrow civilization. Only those who have lived in social settlements know the blackness of horror which this corruption, even of young life, spreads over one. A mighty force is needed for this most difficult work in all its forms. The opposing force has grown, and inconceivable wrong goes on its hideous way. The law is often helpless in the presence of such problems, and experience is the only sword which will divide the forces of evil. Harmony, and the spirit of helpfulness among all the various agencies, religious, educational, philanthropic, or simply humane, is of the greatest importance, if we are to bring counter influences equal to that of the enemy. In this harmony we see not only the original design of bringing help to our less fortunate brother and sister, but a certain generous invitation to every person who feels drawn to the work, to enrich his or her experience by that of others who have been long in the field, or to secure training preparatory to that particular end.

## A CALL TO THE COUNTRY

MY FIRST EXPERIENCE WITH A CASE OF POST-PARTUM HEMORRHAGE

BY MINNIE LEE CRAWFORD

Graduate of the City Hospital, Henderson, Ky.

DURING my term of training in the hospital I never heard much said about post-partum hemorrhage, nor did I have any idea what course of procedure would be followed in a hemorrhage of that character, or what my duties would be should I be called to assist in what I know now to be a very grave and trying situation. I had an experience recently that gave me an insight into a phase of a physician's and a nurse's work that showed me where the nerve racking comes in.

About five o'clock in the morning I was called by a physician and asked if I would go at once with him to the country, and assist in an obstetrical case. I informed him that I would be ready in a few moments. I dressed very hurriedly, and in a short while we were in an open buggy, behind a good stepper, and the cool March breeze was making my nose and ears tingle. I held on to my hat with one hand and the side of the buggy with the other, while the good horse sped along as if he knew that we were on an important mission.

On arriving at the home of the patient, we found her sitting on the side of the bed, chatting with one of her neighbor friends, who had come to help and enjoy the event. On inquiry, I learned that the patient was about thirty-three years of age, healthy, of German descent, and the mother of two sweet little girls. The doctor ordered me to get things ready for examination. He had his regular obstetrical outfit with him and, probably knowing the situation, had also brought along a large galvanized iron pan.

The home of my patient consisted of two rooms and a small entry, and I found but one kettle in which to boil water, and one wash bowl and pitcher. I had a fire built, scoured out the kettle, strained water through some of the doctor's gauze, and in a short time had water boiling on the kitchen stove in both pan and kettle. I must confess, here, that I did for a moment allow my thoughts to drift back to the conveniences of the hospital, and I also thought of what I had read in Cooke's "Manual of Obstetrical Technique," but there was no time to criticise or complain, so I determined to use what I had and be thankful that matters were no worse.

The doctor sterilized his hands and I placed the patient in the dorsal position for examination. After finishing his examination he pronounced everything "all right—os dilating," and as the patient wished to get up, he allowed her to do so, and to walk about the room as much as she pleased, and ordered me to get everything ready while we were waiting.

I used the sewing machine for a table, upon which I placed a clean towel, the doctor's instruments, one hypodermic syringe, loaded with 40 minimis of purified ergot, and my own hypodermic syringe, charged with  $\frac{1}{50}$  grain of strychnine. I filled the large bowl with a bichloride solution, 1 to 5000, and the pitcher with hot water, which I had previously boiled and strained. I gave the patient an enema, which produced good results, and at the same time she emptied her bladder. I arranged the bed, sterilized the large Kelly pad, and again placed the patient in bed.

In the meantime, the neighbors began to drop in, one at a time, until there were six women in the room, beside the patient and myself. Some of them brought their children, but fortunately left them out of doors. Occasionally a child would squall or make some unusual noise and then one of the women would cease her gossip just long enough to run to the door, and make inquiry as to the cause of the trouble, and then hurry back, so as not to lose the thread of the conversation. It seemed as if the entire community were on hand in order not to miss any detail of the important incident.

About 10 A.M. the patient gave birth to a fine baby boy. I carried the new-comer into the adjoining room, which was the kitchen, kept warm by a fire in the cooking stove, to bathe and dress him. I was nearly through this necessary task, when I heard the doctor call me, and I knew from the tone of his voice that matters were not going just right. All of the women had followed me into the kitchen to see the "trained nurse" bathe the baby, and they had been watching my every move, and I had noticed some expressions of disapproval upon their faces. I handed the baby to one of them and hurried into the lying-in room, where at a glance I realized that something unusual was the matter. The doctor had one hand over the patient's abdomen, I judged trying to make the uterus contract, while with a piece of gauze in the other hand he was endeavoring to temporarily tampon the vagina and check the flow of blood, which was overrunning the Kelly pad, onto the bed. The patient was gasping and yawning, countenance very pale, lips blue, and eyes rolled back.

The doctor did not seem to be the least bit excited, and gave his

orders in a lower tone than usual, but brief and to the point. "Lower her head! Give 40 minimis of ergot deep into the muscles of the thigh, then hypodermic of strychnine, and repeat the strychnine at once." I had been with him several times before; but had never heard him put as much meaning in as few words, and I moved as if I were on wings, and did what he had ordered in double quick time.

He then said, "Get that sterile gauze and gauze packer out of the bag, tell one of the women to bring a pan of boiling water,—immerse that gauze packer, open that jar of gauze, rinse your hands in that bowl of bichloride solution on the machine, and then bring the gauze and packer here."

Then, with the fingers of his right hand like a cone, with the tips of his fingers in the widely dilated os, he directed me to run the gauze packer, ready for use, along the inside of his fingers, and in this manner I packed more than five yards of sterile gauze strip into the uterus.

Before I had finished this, the doctor, who seemed to be watching everything, said, "She is coming around all right, and now, while I hold this gauze and pack a little more into the vagina, you take her pulse and, if she needs it, give her another hypodermic of strychnine, grs.  $\frac{1}{40}$ ." I found her pulse 114 and her breathing easy. The doctor then had me remove the Kelly pad, sponge off the genital parts, remove the soiled bedclothes, place clean sheet under the patient, put on temporary pad and binder, scald the Kelly pad and place again under the patient. After I had followed his instructions, he said, "We will let her rest awhile, and I will tell you something of the trouble. We are up against one of the worst cases I have ever seen of hour-glass contraction of the uterus, with adherent placenta, and hemorrhage following its removal."

He explained that the hemorrhage was caused by a portion of the placenta adhering to the fundus of the uterus, and the womb contracting centrally, and not evenly from above, and with enough force to expel it from its position; on dilating with his fingers and hooking them behind the adherent body he found that it was so firmly attached that it had to be torn loose, and although he had brought down the greater portion of it, he thought that there was retained cotyledon enough to make the danger of sepsis a very grave consideration; and that he was going to remove the gauze, clean out all the remaining decidua, and douche out thoroughly with a hot intra-uterine saline solution.

We waited a little more than an hour, and then had the foot of the bed elevated, and having boiled and strained enough water for the douche, I gave her a hypodermic of 30 minimis of Wyeth's purified ergot, and the physician removed the gauze. On examination he found another

piece of the placenta, which he removed and then ordered me to give the douche. I gave a gallon of the hot saline solution, using the intra-uterine tip, and then put on an abdominal binder and pad.

After getting everything quiet again I found the patient's pulse down to 110, respiration good, and patient feeling very well. The doctor left me with the patient until night, and on his return I gave her another saline douche, but, owing to the fact that there was no place for me to sleep, I returned home.

The patient did not make a very rapid recovery, owing mainly to the ignorance of the attendants, and want of knowledge of how to care for a patient of this character.

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## IMPRESSIONS OF NIGHT DUTY

BY A PUPIL NURSE ON NIGHT DUTY

NIGHT duty with its attending feelings and impressions is hard to describe. As a whole, it may be described as six weeks of darkness to look forward to. In reality, it may be most likened to leaving all but one or two of one's friends, the other night nurses, and going for a long visit where day is night and vice versa. As each afternoon comes, just as regularly comes that dread of uncertainty of the coming night. Night is so dark, so long, so quiet, and so many things *might* happen before morning.

Each night the silent moon rises a little later, shining through the tall leafless trees, and casting its long pale beams and gloomy shadows through the windows of the corridors and wards. When, toward morning, it disappears, out-of-doors seems blacker than before and the solitary watcher begins to look for signs of dawn. During these early morning hours is the time when all sleep soundest, and to hear the even breathing of the patients makes one drowsy and long to take one short nap.

Not every night is peaceful, however. Sometimes an unruly patient takes four nurses and an orderly to hold him. Although it is past midnight, he is bound to be going home. He is kept restrained until, at last, weary of the fight, he bows to the authority of the cap and lies in bed, subdued. Or it may be the incessant cry of a foreigner, swearing or praying in his own language, to gain in the end a fraction of a grain of morphine, even as little as  $\frac{1}{12}$  or  $\frac{1}{16}$  of a grain. He is unreasonable and stubborn and is willing to practise the most unheard-of devices to gain his end, even if he has to wait till morning. These cases are dis-

tracting, but it is the really critical patients which occupy the mind of the night nurse all night. In their rooms the lights are left turned low, and the doors open, so that the nurse may easily hear the slightest change of position. Or, if the patient is too ill to move, she does not wait for sounds, but every spare moment the nurse spends beside the bed, closely observant of the expression of the face and the character of the pulse, always looking for a change and hoping it may be for the better. Everything is being done that can be done.

The change usually comes between twelve and four o'clock, for better or for worse. If for the better, what joy and satisfaction is felt from the night of work and watching! It would have been worth many times the amount of labor to help save that patient's life. If for the worse, it is sad, although all know that the doctors and nurses have done all in their power. They realize how limited is their power in prolonging life. All human efforts are useless against the inevitable.

What a change comes with morning! The shadowy fears and dread flee with the night. As the sun wakens life one wonders how night could make such a difference to us and everything around us.

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### NURSING A HARD, HOPELESS CASE

BY JOSEPHINE A. VANDERGON

Graduate of Santa Clara County Hospital, San José, Cal.

THERE are many incidents recorded in history and current events of workmen who need not be ashamed. To my mind it makes a difference whether or not the workman expects his work to be examined. If not, and his endeavors are just the same, then we recognize true worth.

What worldly glory is there in nursing a hard, tedious, hopeless case, that physicians have lost all interest in and given up? Perhaps, too, it is going to cost you several years of your life, and you fail to see any reward in the way of appreciation, or in the way of anything—except severe criticism—awaiting you.

But some nurse must take the case! This irritable, suffering, nervous wreck requires a well-trained, conscientious, and tactful nurse. You are urged to take the case, and decide to do your best, just as you have always done, and involuntarily you murmur, "And if I quake, what matters it if I quake." Then you begin your battle.

First of all you realize that you must take an interest and show an interest, and you must carry brightness and sunshine to this desperately

discouraged individual, as well as be an inspiration not only to your patient, but to the gloomy relatives as well.

Also, you must ever be keenly awake to the scientific way of caring for your charge, and you must keep in touch with all the new methods and latest theories, and in spite of your sympathy and sincerity, you cannot afford to lose one atom of your professional bearings.

All this takes thought and energy—it takes more! To be in a sick room, working with all your soul and strength over one of God's poor suffering creatures, all day and all night, and again the next day and the next night, and so on for weeks, with only occasional relief,—takes more than ordinary courage!

Of course, in a case of this nature, hypodermic injections may be the means by which both nurse and patient may enjoy some rest. But they are not always satisfactory; and sometimes your patient has already become addicted to a strength greater than seems wise to give, so that you cannot get the desired result. Besides, there are many reasons why we are careful in administering drugs, even to our hopeless cases.

And your work goes on. There may be times when your patient expects you to converse intelligently; and again the hardest kind of manual work is demanded of you. One moment you are singing a lullaby, or softly voicing a prayer, and the following moment you may be skilfully manipulating a set of muscles or dressing some very disagreeable looking wounds. Then you make the bed without disturbing your patient in the slightest, and arrange his pads and pillows so that you think only perfect comfort ought to be; but still the forlorn, emaciated, or bloated body before you rebels, and you rearrange everything, and, finally, the sixth time perhaps, your charge smiles faintly and admits that he is comfortable. His nourishment is overdue, as well as several other things, and you are more than blamed, but still you smile and let only words of cheer escape your lips, all the while planning to accomplish the most and best in the simplest, truest, and most effectual way.

But there are times when you are weary, so weary and so full of aches that you cannot keep the tears back. It is then that you should venture out into the open. "Into the sunshine, soft and warm and bright." And then—Oh, what a rest! And such a revelation! Every flower and every blade of grass and every bird responds to your wistful glance, and whispers messages of love and joy and rest. All nature inspires you with new hope, so that when you return to your work, you find the old song in your heart is still beautiful, "Inasmuch as ye have done it unto the least of these," and "The only real pay a nurse ever gets is the satisfaction in her own mind that she has done her best."

## CLASS ORGANIZATION IN THE ST. LUKE'S HOSPITAL TRAINING SCHOOL, NEW YORK

BY MANELVA WYLIE KELLER

THE nurses in the St. Luke's Hospital Training School of New York have developed a deep interest recently in the subject of class organization in the school, and have taken a number of steps which seem in the direct line of progress toward the completion of a splendid system. The movement is scarcely more than embryonic as yet, but there have already been many gratifying and hopeful results.

It is not at all remarkable that such a movement should be started in a high class training school, since it is only in keeping with the sentiment that has developed in the wider circles of the profession in all parts of the country; but it is only within comparatively few years that nurses in training have awakened to the fact that they have a privilege and a duty in this line. They have too long confined their attention to the work immediately at hand, leaving the advancement and improvement of their profession entirely out of their thoughts, expecting at some future time to have more leisure in which to broaden their activities. As a natural consequence nurses have graduated from their schools and gone out into the various avenues of the profession with a vision trained to see down this one avenue only, and it was unusual that one abandoned the narrow, limited habits of the training school, and took an interest in measures directed toward increasing the usefulness of the profession. The alumnae associations of the various schools had a very low percentage of the graduates on their membership rolls, and resulting from this the county and state organizations have had limited resources. In spite of this fact, however, adequate organization has been effected, remarkable progress has been made, and the influence has worked backward in such a way that it is becoming obvious to training-school authorities, and through them to their pupils, that if the nursing profession is to become all that it may, the seeds of progress and broad vision must be implanted in the youngest pupil nurse and nurtured all through her training.

It was a realization of these truths that led to the inauguration of a system of class organization in the St. Luke's Training School. The movement was started by the seniors who, after thoroughly organizing and determining upon a few plans, recommended it to the intermediates, and they, in turn, profiting by the experience of their elders, and making

a few original additions to the scheme, passed the enthusiasm on to the juniors, with the result that they are now splendidly under headway as a well-organized, flourishing class.

Each class has its own distinct constitution and its own individual methods of doing business, but there is a striking unity of purpose and aim evident in the stated "objects" in the several constitutions, and though there is considerable class spirit in the school, there is also a most gratifying atmosphere of inter-class sympathy, and a growing, healthful, "all-together" feeling. This manifests itself in individual relationships, as well as in the attitude of the nurses toward all things of more distinctly training-school import. Loyalty to the administration is greater and of a purer quality, because matters of administration and discipline naturally are brought to the front oftener, and receive more consideration; methods and requirements are more clearly understood, and view-points are reduced to the minimum number. There have been many practical demonstrations, since this system has been adopted, that its influence is strongly in the direction of unity and general good-will.

The social aspect seems of vital importance also. There are more and better social occasions, and the nurses show the effects of the more frequent relaxation and the more complete diversion, in an unmistakably more cheerful and willing attitude toward the hard work. "All work and no play makes Jack a dull boy," and there is reason to believe that more play with just as much work makes the young woman a brighter and more contented nurse.

Another helpful feature is the discipline in parliamentary procedure which the nurses receive in the conduct of their class business. The majority of women do not take an interest in this subject unless it has been forced upon them by some chance situation, and as a result very few nurses have any adequate practical knowledge of it. Consequently, when nurses go out into active service they are handicapped, so far as administrative affairs of the organized profession are concerned, and do not therefore take the proper interest in them. Organizing their class requires them to familiarize themselves with the drafting and adoption of a constitution, and with this and the subsequent transaction of simple business they necessarily learn, at least, the simpler methods of procedure in deliberative bodies, and develop an interest in the subject.

Furthermore, the senior class of this year has shown an appreciably increased interest over previous classes in becoming members of the alumnae association. This is another outcome of the organization idea. The class experience has put the nurses in tune, so to speak, for the alumnae work, and even the younger nurses are giving more thought to

all the higher organizations of the profession. There is a growing realization among the class members that what they are now doing will serve as a foundation for the future broader work, and many of the class efforts show a conscious anticipation of such result.

Aside from these accomplishments there have been no developments, and, of course, the plan is in its infancy, but the foundation is good and results thus far have been so evident and promising that much is expected of the future. It is only a form of obedience to the command of the spirit of progress in the profession—an effort to keep abreast of the times—a means of keeping in harmony with the age in which we live. Organization, unity, co-operation, and peace must be the watchword of the hospital training school if it is to develop as a vital factor in our world of decided progress toward just such ends.

The proportions which this plan will assume in the course of the next few years cannot reasonably be predicted. Elaborations will necessarily be slow, since they are important and the cause they involve is most vital. But there is no profession which is worthier of increased power and usefulness, and since it seems that systematization is the one great impediment, it is to be hoped that all training schools will catch the inspiration and respond to this call to duty, preserving still the traditional faithfulness of their profession.

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OVER \$15,000,000 annually is poured into the coffers of those who exploit and advertise fake consumption cures, according to a statement issued by the National Association for the Study and Prevention of Tuberculosis; and for this vast sum the victims receive nothing in return, but are often permanently injured and in the majority of cases cheated out of the chance for a real cure. Worse still, most of this money is paid by those who can least afford it.

The national association has investigated several hundred so-called "cures" and "treatments" for tuberculosis now being advertised throughout the country, and finds that more than \$3,000,000 a year is being spent in soliciting the patronage of the public. On examination, it has been found that the great majority of these "cures" contain harmful and habit-forming drugs, such as morphine, opium, and chloroform.

## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### MISS NIGHTINGALE'S DEATH

ALL the foreign nursing journals have given extensive space to the memorials of Miss Nightingale. Once again the ever-wonderful story of her life has been told in many languages, and the nurses of all countries reminded, in unvarying tones of gratitude and veneration, of the debt they owe to her. This debt can be best paid by working, as she did, for the uplift and advantage of posterity, each one doing what she can, according to her gifts.

### THE CHOLERA IN EUROPE

THE current press gives disquieting accounts of the cholera in Naples. We fear for Miss Baxter and her little band of nurses, working as they are in one of the poor quarters of the city, in the Gesù è Maria hospital. The *Bulletin professionnel des Infirmières et Gardes-Malades* gives a timely résumé of the advance of the cholera, which we summarize as follows:

In the autumn of 1904, cholera, advancing from Persia, became epidemic in the Caucasus, 3000 victims giving 2000 deaths. In 1905, it invaded Poland, Berlin, and Austrian Galicia. In 1907, it again invaded Astrachan and the valleys of the Volga and Don rivers. Reaching St. Petersburg it slew over 6000 persons. Carried by Mussulman pilgrims, cholera was declared in Constantinople and other cities of Turkey. Mecca had 4000 deaths from it. In 1908, the deaths in Russia, especially the northern and central provinces, reached 14,000, for 30,000 cases. In August of that year, a Russian, travelling in Sweden, came down with cholera, and a little later it appeared in Rotterdam among sailors and citizens. It extended through Holland, Belgium, and western Prussia, though striking comparatively few victims.

The vigorous measures of the Holland government promptly exterminated the pest. The French government is now issuing sanitary regulations of equal stringency, designed to meet the possible appearance of cholera by effective measures of prophylaxis.

## THE INTERNATIONAL HYGIENE EXPOSITION IN DRESDEN IN 1911

DRESDEN is planning a marvellously complete exposition for next summer, from May to October, which shall for the first time show on an immense scale the progress of hygiene and of preventive medicine. There will be twelve groups of exhibits: Group I will include air, light, ground, and water; then come colonization and housing, nourishment and foodstuffs, clothing and the care of the body. Group V will be devoted to occupation and labor, and will show the physiological relations of work to the underlying causes of injury to health in various occupations. Group VI will be devoted to infectious diseases, their causes and prevention. Especially malign infections, as tuberculosis, venereal diseases, etc., will be shown in separate sections. Group VII will show the care of the sick and First Aid. This will be the group where the hospitals, nurses, and their branches will be shown, while under the next will be shown everything pertaining to the care of children and young persons, and the Public School Nurse will exhibit there.

This exposition will be of remarkable interest and should receive good exhibits from our nursing organizations, especially on lines of Social Service work, as being better developed in this country than in most European countries.

## THE INTERNATIONAL TUBERCULOSIS CONGRESS IN ROME

ANOTHER congress of great interest to nurses will be the international meeting of tuberculosis societies in Rome, in 1911. Miss Gallagher has opened the way to a representation of nurses there by her letter to the Nurses' Settlement, and the reply sent by Dr. Antonio Stella to Miss Wald shows that the program committee welcomes the participation of nurses. The correspondence and the opportunity of co-operating with Dr. Stella have been turned over to the Visiting Nurse Department of the JOURNAL.

## ITEMS

THE following extracts from a letter, published in the September number of *The Nursing Journal of India*, gives a vivid glimpse of the movements going on there for nursing progress:

. . . At the annual meeting of the South Indian Branch of the I. M. M. A., held at Kodaikanal, May, 1909, a sub-committee of nursing superintendents was appointed to enquire about, and tabulate what was already being done in the way of training native Christian nurses in the various mission hospitals in South India. I now send you a copy of the sub-committee's minute, and their work up to date, I regret

very much not being able to attend to this sooner, but my hospital and other duties leave but little time for other work. As convenor, I am sending similar copies to all South Indian mission hospitals. Will you kindly let me know if you are aware of any similar movement being made through the Central and Northern Provinces? If not, I shall send this to all mission hospitals where I see from the medical directories there are training schools under the care of a European Lady Superintendent, by way of making a start in trying to get a uniform standard, curriculum, examination, and diploma throughout *all* mission hospitals in India. If the other provinces are moving in the matter, we might, through the medium of our *Nursing Journal*, get into touch with each other. It would strengthen the cause very materially were we to aim at having a uniform diploma under the auspices of the I. M. M. A. similar to what they are trying to get for the Native Medical Mission students. I see from the May Journal that the Zanana, Bible, and Medical Mission hospitals, in Benares, Patna, Jaunpur, and Lucknow, had a joint examination. We might aim at something along those lines, but with a much wider scope. . . .

Miss M. S. RUNDLE, the first Isla Stewart Memorial Scholar, arrived safely in New York, after a pleasant voyage, on September 25, and, after being extricated with difficulty from the various ship and customs officials, was taken to begin her work in Teachers' College.

Miss AMY HUGHES, chief superintendent of the Queen's nurses in Great Britain, has been in Australia helping to organize a district nursing system for remote regions there.

*Jus Suffragii* says:

"At the Congress of the National Council of Women, held at Stavanger, Mrs. Betsy Kjelsberg, the factory inspector of Norway, made a speech about the necessity of having a woman inspector for all the children's homes in the country. A resolution was unanimously adopted and telegraphed to the Storting, in which they demanded the appointment of a woman with pedagogical education in the State Committee instituted for the inspection of the homes for children and schools."

The women of Norway are fully enfranchised. They will easily get their women inspectors.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF  
**EDNA L. FOLEY, R.N.**

### I.

At a recent state fair in Minnesota, the exhibit of the St. Paul Anti-Tuberculosis Committee, in charge of Mrs. Jeanette Bloom, one of the visiting nurses, aroused a great deal of interest. The headquarters were in a model tent, which contained reclining-chairs, a sleeping-bag, several tables, and a metal cot, furnished with the customary mattress and bedding. The tables and a small show-case held the usual paraphernalia for display purposes, including sputum cups, sanitary drinking-cups, paper napkins and pocket bags, models of window tents, etc. Outside the tent was a large rack, 8 feet wide by 5 feet high, holding about a dozen frames, giving views of the Cluenga Sanitorium, the children's camp, various shacks and sleeping-tents of the home patients, and a chart showing the death-rate for a number of years for the five principal towns of Minnesota. The attendance increased so rapidly that the secretary and Mrs. Bloom could not handle it alone and the other visiting tuberculosis nurses were pressed into service. Fully 1500 people were interviewed or talked to during the week and a great many more saw the exhibit and carried away circulars.

### II.

At the close of a most successful baby-welfare campaign, the Chicago Department of Health has decided to continue the work during the winter, and has retained several members of the summer staff of nurses. There were 644 new babies cared for in the tents in August. In all, 4729 cases of diarrhoea were reported under observation up to September 1. The increasing vigilance of all of the workers brought a splendid reward—a decrease of 10 per cent. in the death-rate of the congested wards, while the other wards of the city, ordinarily known as the "good wards," showed a 44 per cent. increase. In their house-to-house work, the nurses found literally, hundreds of pacifiers and

"baby killers." They traded the right kind of nipple for the wrong kind and as a result of this the department of health has an interesting exhibit marked "Retired Baby Killers," which is loaned on request.

### III.

THE Women's Imperial Health Association of London, Eng., is distributing hand-bills that are decidedly unique. One, entitled "The Cry of the Children to the Mothers of Great Britain," is a baby's plea, couched in appropriate English, for a sane and simple up-bringing; another is an extremely sensible "Message to the Girls of Great Britain," and the following, of especial interest to tuberculosis nurses, is entitled "The Ten Health Commandments":

- I. Keep windows open day and night.
- II. Do not spit.
- III. Breathe through the nose by keeping the mouth shut.
- IV. Drink pure water.
- V. Eat slowly, take well-cooked meals, and cultivate regular habits.
- VI. Wear loose clothing of seasonable material.
- VII. Take regular open air exercise, in sunshine if possible.
- VIII. Wash whole body at least once a week.
- IX. Work but do not worry.
- X. Get house drains certified by Sanitary Authority.

#### ADDITIONAL COMMANDMENTS FOR CHILDREN

1. Every baby should, if possible, be breast-fed until it is nine months old.  
(N.B.—Artificial feeding is the chief cause of rickets, diarrhoea, and other disorders.)
2. Milk should be scalded. When bottles are used there should be no tube. Bottles and teats must be well cleansed and scalded each time after use.
3. Young children must not receive the same food as the "grown-ups."
4. Every infant should sleep in its own cot.
5. Pins, other than safety pins, should never be employed to fasten a child's clothing, which should be as loose as possible.
6. Children, even the youngest, should spend as many hours as possible in the open air.

I promise to try and keep these health commandments as far as possible.

During the past summer, a caravan party has canvassed rural England, driving to all the—usually overlooked—hamlets and farms, distributing these hand-bills and teaching the people how to live in a more sanitary, as well as comfortable fashion. The caravan idea seems an excellent one and might be easily adapted to American highways. Nurses who care for typhoids or any acute cases in remote country districts know how

lamentably ignorant of the most simple rules of health many of these isolated families are, although they are not uneducated in other respects, nor poor, measured by American standards. The tuberculosis car and travelling exhibit is doing good work in several rural districts, but it must follow the railroads. The St. Louis Municipal Tuberculosis Commission has a very well-equipped car and conducted a splendid educational campaign in Missouri last summer. At one town, an old farmer was so impressed by the exhibit that he drove home eight miles to bring his wife in to see the car that evening. Still, the average countryman cannot drive 16 miles to see an exhibit, and the caravan plan seems to be the modern version of Mahomet going to his mountain.

#### IV.

A TUESDAY evening tuberculosis clinic for working-people has just been opened at the Visiting-Nurses' Settlement of Hartford, Conn. Physicians from the staff of the Hartford Dispensary have volunteered their services and the follow-up work will be done by the nurses. It has been the experience of visiting nurses that workers who have others dependent upon them do not seek medical advice until failing strength frightens them into doing so, and then it is often too late to restore such cases to even partial working capacity. By offering this clinic—the only one of its kind in the city—it is hoped that cases of tuberculosis may be detected while the prognosis is still hopeful. An effective and simply-worded folder, arranged by one of the medical staff, has been printed, announcing the clinic and its purpose, and copies are being distributed among the department stores and factories and left in homes already under the supervision of the visiting nurses.

#### V.

THE Boston Children's Hospital has established a social service department, with one of its graduates, Harriet Berbier, in charge, and two pupil nurses assisting. The work was started in August and will include both hospital and out-patient department cases. Any danger of duplicating the work of the visiting or tuberculosis nurses is reduced to practically nothing by registration with the Central Registry of the Boston Associated Charities.

#### VI.

THE nurses of the Boston (Mass.) Consumptives' Hospital have recently been made special agents of the municipal health department for the inspections of all reported cases of tuberculosis. A list of all

new cases is sent daily to the dispensary and the cases assigned according to districts. Each patient is thoroughly instructed and the house inspected and a special report, signed by the nurse on the district, filled out and returned to the health department by the dispensary. These report-blanks are furnished by the board of health, and bear on the face questions relating to the patient and his condition, duration of disease, etc., ages of other members of family, home-arrangements, sanitary conditions, etc. On the reverse of the card are spaces for the monthly report, which is made to the health department until the patient recovers, dies, or leaves town. These monthly subsequent visits are left to the judgment of the district nurse; if more frequent calls are necessary, she makes them, and if the patient should become a dispensary case, she arranges for that also. If the case is in charge of a private physician, his co-operation is sought, and he is asked to make the monthly report. Incipient cases, when possible, are sent to the state sanitorium, at Rutland, more advanced cases to the Mattapan Day-Camp or the Mattapan Hospital. The results of these inspections are beginning to show the value of the trained and sympathetic worker as inspector, for, too frequently, former inspectors gave no instruction and did far too little inspecting.

The nurses of the Instructive District Nursing Association have similarly been made the health department agents for the inspection of all other cases of contagious diseases reported to the board of health.

## VII.

BUBBLING fountains are slowly but surely replacing the common drinking-cup in many localities. The Massachusetts law forbidding the use of the cups went into effect October 1, and now all the public school children are being instructed to bring their own cups to school until fountains are installed. Paraffined cups are being given away in some of the stores and dispensaries, and on every side the lesson is being driven home that the common cup, whether in street or school, is a common disease carrier. Besides, as the *Chicago Tribune* says, "Bubbling fountains teach courtesy. You must bow before you drink."

## VIII.

THE "melancholy days" being upon us, patients are not going to sleep out quite so willingly as they did last summer and nurses interested in their doing so will be glad to know of a recent publication of the National Association for the Study and Prevention of Tuberculosis

entitled, "Directions for Living and Sleeping in the Open Air," written by Dr. Carrington, of New York. It is a twenty-page, well-illustrated pamphlet, sent free upon request. The following illustrations are taken from photographs by Lewis Hine of sleeping-porches arranged by the nurses of the Chicago Tuberculosis Institute.

No. 1 shows a section of an apartment house porch, screened off by three heavy canvas curtains, one being arranged with ropes and pully and the other two made to tie back. Of course, the price of materials vary according to the locality, but this arrangement cost about \$6.00, and would have cost less had the patient's family been able to make and put up the curtains.

No. 2 shows how an apparently "hopeless" porch can be made into quite a tidy little sleeping-room. This patient could in no other way have had a separate room. A shed forms the back wall, houses the sides, the ceiling is waterproof canvas, and the front wall is a canvas curtain on a stout cord. The patient's wife sewed the curtain and the patient arranged it himself. The cost was about \$2.00.

Nos. 3 and 4 are two views of a tiny room built on a second-story porch by the patient's brother-in-law. Free circulation of air, with no exposure of the patient, is assured. The inside view (No. 4) shows a blanket lined canvas, so arranged on pulleys as to form a complete "hood" over, and 2 feet above, the patient on stormy nights. The galvanized iron hot-water can was made by a plumber on the corner, after plans drawn up by the patient's husband. It retains its heat more than twelve hours.

#### IX.

How many Italian-speaking visiting nurses are there in the United States and how are they succeeding in their work with the tuberculous Italian? How are nurses who do not speak Italian and yet work in Italian districts attacking this problem? Miss Dock, Miss Gallagher, and Dr. Stella, of New York, would like to know, judging from the following correspondence:

DEAR MISS DOCK: Is there any possibility of a nurse's section at the International Congress at Rome in 1911? If no movement of the kind has been started, would it be possible to arrange one? I have just received a letter from the Policlinic Hospital in Rome in answer to some inquiries I made, stating that nothing that amounts to much is being done there among tuberculosis patients, although the need is great. So little is being done in the United States among the mass of Italians pouring in here; so little is known of them and their habits, owing to lack of properly educated Italian-speaking social workers; and so little seems to be known in Italy of the distinct menance they are becom-

FIG. 1.

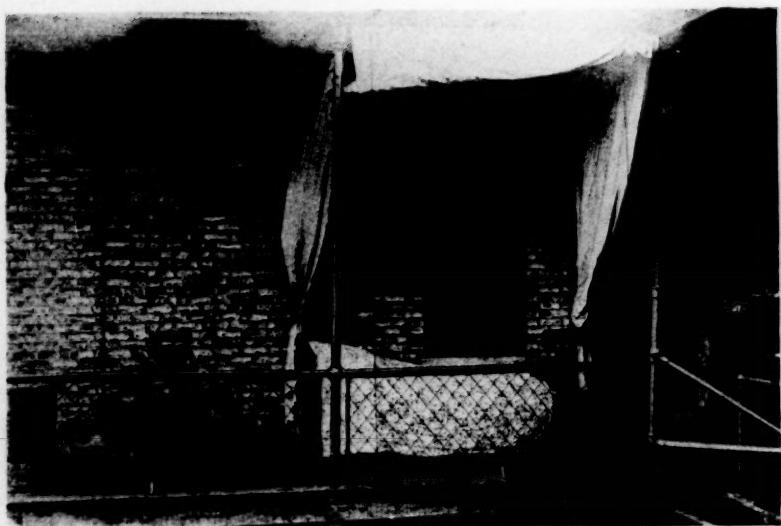


FIG. 2.

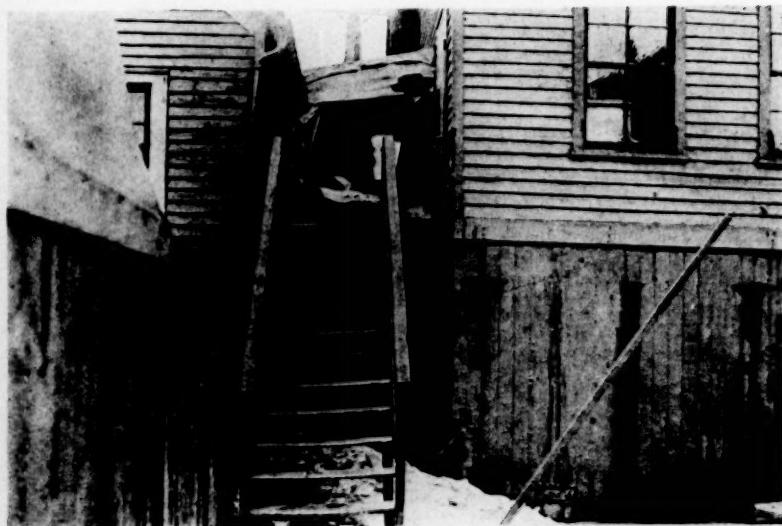


FIG. 3.



FIG. 4.



ing to the small provinces where they almost invariably return, to die of tuberculosis contracted here from their unsanitary methods of living, over-crowding, and poor food. Their avoidance of public dispensaries and fear of hospitals make them conceal illness or else spend their frugal savings on poor doctors who fill them with useless and expensive medicines until their money is gone and then unwise friends send them, dying, to Italy to spread the disease. If the heads of tuberculosis dispensaries, students in the schools for social workers, and associated charities secretaries working in Italian districts could gather statistics before next summer and present them at the Congress, a splendid work might be done for Italians both in Italy and in this country, a history of social conditions such as no doctor is able to gather. This presentation in English would be no bar as some of the wealthiest permanent residents in Rome are English and American, or an interpreter could be found to condense the information and, in any event, it would find a place in written form in the proceedings. The time seems to be ripe for making an effort to help the Italian with his many fine qualities to find his proper place in America, which, for the southern Italian, who is essentially a farmer, is certainly not the congested districts of large cities, where his unskilled labor brings him a mere pittance when the few months he can find work is considered.

Yours truly,

M. ALICE GALLAGHER,

Stearns Settlement House, 281 Watertown St., Nonantum, Mass.

This letter was forwarded Dr. Stella, who is doing splendid work among the Italians in New York, and he replied in part, as follows:

As far as I know, neither has the programme of the International Tuberculosis been completed, nor has the subject presented in your letter been introduced. I think it would be important to have some section give attention to this and I will be glad to take up the matter directly with the secretary-general in Rome. In this connection, I would like to arrange some sort of draft of what could be done along this line, so that in asking for recognition at the Congress we could present something concrete on which to base our claim.

Cannot the visiting tuberculosis nurses of the United States suggest an outline for this section's programme and collect material to make it a success? We would all like to know how to get hold of the tuberculous Italian and his family before it is too late and why he shuns our clinics and our attempts to help him. There are many Italians in this country and their tuberculosis mortality is high, considering that consumption was formerly a rather uncommon disease in Italy. The proportion of these cases enrolled at tuberculosis clinics is small. Why? What is the best way to win their interest and co-operation?

Will not all nurses whose work lies among the Italians write Dr. Stella, 214 East Sixteenth Street, New York, Miss Gallagher, or this department, offering suggestions, facts, or their personal services in research work for the next six months? A visiting nurse's duties permit

her to glean facts only as a side issue, but there is much information to be gained during a nursing call, and a special note-book reserved for this material (facts on housing, eating, drinking, sleeping, working, habits, prejudices, superstitions, etc., *ad infinitum*) would soon be filled with very interesting data. This, later, might be worked into a local report of that particular Italian situation and a dozen or more such reports would be intensely interesting and very, very helpful. We must all of us confess that the Italian problem has thus far been beyond us. Now that the opportunity is offered us to do some really constructive work of inestimable benefit to both Italians and Americans, will not all the nurses respond and at once?

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### EL PASO'S INDIGENT TOURIST CONSUMPTIVES

By H. GRACE FRANKLIN, R.N.

Director, Woman's Charity Association School for Mothers

"I THINK the nurses would probably be interested in knowing how you handle indigent tourist tuberculosis patients." Such was a sentence in Miss Foley's letter to me. Need I tell you how I leaped at the word tourist? Have you ever gone trout fishing and seen the trout leap to the fly? Well, I was something like the trout. Tourist! why it expressed the whole situation here in the Southwest. Such is the consumptive and the indigent consumptive. He travels from place to place, often sent by charity, seeking that Mecca of all Meccas—a place in which to get well. Chasing everywhere, yet never settling down to "chase the cure."

During the past twenty months representatives of 15 nations have applied for free medical care in El Paso. Every state in the Union has been represented, and yet only one native-born Texan has applied for aid. Consumptives have arrived here in a dying condition, have applied to the charities, to be sent on to some other town when their condition was such that the only course to pursue was to place them in a hospital. These indigent tourist consumptives are a menace to life, for they are usually the most careless of all human beings. Something should be done to prevent this passing on, and the whole Southwest is planning to organize a league to prevent it.

It is true that our climate is ideal, but it is no place for an indigent consumptive. Nowhere in the United States is living higher, and the consumptive cannot live on fresh air and sunshine alone. One physician of much experience told me that he did not think it advisable for a

consumptive to settle here unless he had an income of \$100 per month. Quoting Dr. Robert B. Homan, one of the best known tuberculosis specialists of the Southwest and proprietor of the beautiful and well-equipped Baldwin Sanitarium: "Many patients are sent to this country practically without means, with the expectation of getting on a ranch or somewhere at a very nominal expense. There was never a greater mistake than this. Tuberculosis is a disease that must be combatted by building up the natural resistive forces of the individual, and to do this one must have the very best food, comfortable quarters, and plenty of time for rest as well as medical advice. These cost money anywhere, and the West is no exception. To obtain the best results one must be provided with sufficient means to get the things necessary for his welfare without having to worry about it."

"Some are told that they can come here and obtain light employment out of doors, and thus gain a livelihood and get the advantage of the climate at the same time. This is true in but a very limited number of cases, as there are many applicants for every position of that kind, and one should not be sent to this country with any such expectation unless arrangements for a position are perfected beforehand. None should accept even the lightest employment, at least during the first few months of their stay here, if they have the means to provide what they should have without it."

Patients are spending their last cent to reach the Southwest, and very often are shipped here by friends (?) desiring to get rid of them. This is cruel and inhuman, and the sooner all tuberculosis societies and communities understand that the Southwest will not assume their rightful burden the better it will be for the indigent consumptive. It is heart rending to see these poor, half-starved consumptives going from one place to another seeking charity and there is no relief to give.

There are no city charities in El Paso; all relief agencies are under the control of the county, and to enter the County Hospital one must have been a resident of the county six months. The indigent consumptive has become such a burden upon El Paso that the county health officer and the county judge have decided to "Vag" all indigent consumptives and give them so long to leave town. Better stay away from El Paso.

El Paso has her own burdens, and she cannot care for the paupers of other states. The county judge informed me that the county will furnish but one thing and that is free burial. This isn't cruel. It is justice to El Paso and it is justice to the indigent tuberculosis patient. Far better know conditions before he leaves for the Southwest. El Paso

does not want him and El Paso will not and cannot provide for him. There is no tuberculosis society to whom he may apply, and all relief is under the direction of the county.

Less than 25 years ago there were no tuberculosis deaths among long American residents or Mexicans, yet in 1908 104 Mexicans died against a death rate of 169 Americans. This proves that the American has introduced tuberculosis into the Southwest and is responsible for its spread. The average residence here of the consumptive (before death) is 4 years 2 months and 17 days. The average age at death is 32 years 2 months and 20 days.

The Arizona Health League issues this advice: "If your money gets low, return to your family or place of residence where you have a claim on the community, as you have better chances when well fed and cared for in a bad climate than half-starved and home-sick here." Before leaving New York I had often stated that, should I contract tuberculosis, I would go to the Southwest if I had to crawl. Not now. I have seen too many die and too much suffering. My advice to all nurses doing tuberculosis work is to keep your patients where they can be cared for. I have seen too many starving and dying in this great Southwest, and the Southwest cannot help it, for it hasn't the means to care for them.

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THAT there are 12,000 tuberculous prisoners in the state, federal, and local prisons and jails of the United States, with less than 25 special institutions and hardly 800 beds for their treatment, are some of the charges made by the National Association for the Study and Prevention of Tuberculosis.

From several investigations that have been made, it is estimated that on an average about 15 per cent. of the prison population of the country is afflicted with tuberculosis. On this basis, out of the 80,000 prisoners housed in the penal institutions of continental United States at any given time, not less than 12,000 are infected with this disease. If the Philippine Islands and other insular possessions were taken into consideration, the number would be much larger.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**RED CROSS CHRISTMAS SEALS.**—The *New York Medical Journal* says: Arrangements for the sale of Red Cross Christmas stamps for 1910 have been announced by the National Association for the Study and Prevention of Tuberculosis and the American Red Cross Society. The stamps this year will be designated as Red Cross seals, and will be placed on the back of letters instead of on the front. They will be issued by the American Red Cross Society, as in former years, but this organization will work in co-operation with the National Association for the Study and Prevention of Tuberculosis, which will share in the proceeds of the sale. The National Conference of Tuberculosis Secretaries, through its president, Mr. John A. Kingsbury, of New York, has issued an appeal to all state and local antituberculosis associations to unite with the national association and the Red Cross Society in the sale of Christmas seals, and every effort will be made to discourage the use of local stamps and to encourage the use of the national seal. It is expected that over 430 antituberculosis associations and hundreds of Red Cross societies in every state of the union will unite in the sale of Christmas seals.

**"SOOTHING SYRUPS" BARRED.**—The Philadelphia Association of Retail Druggists at a recent meeting adopted a resolution binding its members to discourage the sale of the class of preparations known as "soothing syrups," designed for the use of infants and containing habit-forming drugs.

**A NOTE ON THE ABUSE OF PURGATIVES.**—In the *Journal of the American Medical Association*, Herbert French thinks that in the recent discussion upon the treatment of constipation at the meeting of the British Medical Association it was not clearly brought out that a great deal of chronic constipation is actually due to the abuse, that is to say the injudicious use, of purgatives during the preceding years. Even laxatives ought seldom to be used, and then only with the greatest caution. The habitual use of laxatives during adolescence usually necessitates the

resort to purgatives in early adult life, and as years go on stronger and stronger remedies become necessary, until none has the desired action. Instead of encouraging nature's tendency to act once a day, the use of a purgative forces the bowel periodically and leaves it inactive in the interval. There is no doubt that a great deal of the chronic constipation of to-day is due to deficiency of exercise and to the removal from our dietaries of many things which, being indigestible, used to pass through and increase the bulk of the residue. This constipation is accentuated by the abuse of purgatives. By the term indigestible we understand not a substance which produces indigestion but one which passes through the alimentary canal undigested, as the fibre of green vegetables and fruits and portions of husks in porridge and brown bread.

**GERM-PROOF BILLS.**—The *Medical Record* says: The National Bank of Spokane, Washington, announces the issuance of the first antiseptic, germ-proof national banknotes. Fifty thousand dollars in bills recently sent out were printed with ink consisting largely of carbolic acid.

**THE SERUM TREATMENT OF TYPHOID FEVER.**—The *Interstate Medical Journal*, quoting from a German contemporary, says: Numerous attempts have been made to obtain an antiserum for typhoid fever, but none of them have proven satisfactory on account of the difficulty of obtaining a true typhoid toxin. Luedke obtained his toxin by digesting typhoid bacilli by means of pepsin and hydrochloric acid. This product was injected into goats in increasing doses and resulted in a serum with considerable antitoxic power. In order to render it also bactericidal, dead and later living typhoid bacilli were also injected. The serum so obtained, after having proven satisfactory in animal experiment, was injected intravenously into patients suffering from severe typhoid infection. The dose varied from 10 to 20 c.c. In nine cases so treated, the temperature rapidly declined to normal with a simultaneous improvement in the general condition. In one case, complicated by furunculosis and pulmonary tuberculosis, there was no improvement. In no case did the serum have any ill after-effects. Purely bactericidal serum and normal goat serum proved inert. It seems probable that a really efficient typhoid antitoxic serum will before long be elaborated. The theoretical difficulties have been overcome, and it is now only a question of obtaining a serum of sufficient strength.

**SUDDEN BLANCHING OF THE HAIR.**—The *Medical Record*, in a synopsis of an article in a German medical journal, says: Stieda revives the old more than suspicion that whitening of dark hair over night is in

reality a sort of withdrawal symptom, due to sudden deprivation of the walnut stain or whatever dyestuff is in daily recourse; whence the frequency of alleged cases after incarceration. It is no longer believed by experts that psychic trauma has ever caused this transformation. Mental shock is extremely common; while blanching of the hair at a stroke is so rare that a list of alleged cases may quickly be compiled. It is true that psychic trauma may appear to cause blanching of the hair within a comparatively short time—a few weeks, perhaps—but the author deals only with alleged instantaneous cases. There is absolutely no evidence that such a sudden depigmentation has ever occurred or could possibly occur.

**THE NEW REMEDY FOR SYPHILIS.**—The *New York Medical Journal* has an interesting paper on a new remedy for syphilis, prepared by the famous Dr. Paul Erlich, director of the Royal Institute for Experimental Therapeutics at Frankfort, Germany. It bears the appalling name of dioxydiamidoarsenobenzol, but in ordinary parlance is known as 606. Arsenic is the base of the chemical compound. It is given by subcutaneous injection, usually below the shoulder-blade in a place which has been made aseptic and treated with tincture of iodine. Patients with a weak heart are sometimes unfavorably affected, otherwise there are no bad after-effects of importance and very severe cases have been cured, yet Erlich cautions against its indiscriminate use.

#### CURRENT LITERATURE OF INTEREST TO NURSES

*New York Medical Journal*, Sept. 3, "The Evolution of Hygiene and Sanitation," by James J. Walsh, M.D.; Sept. 12, "The Social Plagues and the Public Schools"; Sept. 17, "Heredity"; Sept. 24, "Ambulance Surgery." *Medical Record*, Sept. 3, "Treatment of Rheumatism by Bee Stings"; Sept. 10, "Hospital Noise," by H. A. Boyce, M.D.; Sept. 24, "A Miracle of Healing," editorial. *Maryland Medical Journal*, September, "Prevention of Racial Deterioration," by Lewellys F. Barker, M.D. *Interstate Medical Journal*, September, "Value of Physic Analyses," by William A. White, M.D.

## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

### HOSPITAL PINS

DEAR EDITOR: Kindly give me some information through the JOURNAL. Can a hospital pin be changed when it had been adopted in the infancy of an institution which has now grown into a modern hospital with a training school? The pins are no longer appropriate.

SUPERINTENDENT OF NURSES.

### WITH A NEWS ITEM

DEAR EDITOR: The JOURNAL is the nursing magazine that we will put in the hands of our pupils with the hope that it will mean as much to them as it does to us.

A SUPERINTENDENT AND HER ASSISTANT.

### CHIROPODY FOR NURSES

DEAR EDITOR: Among the suggestions in the JOURNAL for taking up other lines of work, I have never seen one on chiropody. I believe there is no other field where good honest work is more needed. Most chiropodists have no idea of cleanliness, and only work to relieve, never to cure. There are many who are unscrupulous, and their dirty work makes it hard for the others. Some nurses are taking up this work and I wish more would do so. After 26 years in the nursing world, I took my instruction in chiropody from a woman who had had some training as a nurse, and now I do my work with sterile dressings, preparing the feet first. People tell me they never have seen such clean chiropody, and strangers ask me whether I know a nurse who would take up the work in their locality. Many times the shoe causes all the trouble, and often the proper fitting of shoes with proper care of the feet will effect a cure. I have worked out my own remedies and methods of treatment, and have accomplished more than I had ever hoped to do. I also do manicuring in just as careful a manner.

I have a small apartment in a business building, which is my home as well. My instruction and equipment cost about \$200. I. T. S., class of 1883.

### WITH A PICTURE

DEAR EDITOR: This photograph was taken of "Miss Hampton" the winter after her return from Rome. Her patient was a little girl of eight with double hip-joint disease. She is a woman of thirty-five now, practically well, being able to walk many miles without crutches. She owes her life to the firm belief in fresh air of Miss Hampton and Miss Louise Darche, who followed her, this picture being taken on the piazza, where nurse and patient spent twelve hours out of twenty-four.

To me it is a very lovely picture, of not only the young nurse, already planning her future life of usefulness, but of the loving large-hearted woman, showing her tender care of the little child, surrounding her with her pets

while reading the favorite story, bringing all her great mind to bear on the little things, to please and lighten the load of suffering.

Johns Hopkins nurses may be interested to know that it was at this same patient's bedside she first thought of aspiring to the headship of the "new hospital at Baltimore," and often during those months have I heard her plan this new school in every detail, even to the white uniforms of her head nurses, and the black one we all loved to see her in not so very many years later.

ALICE CONOVER, R.N.,

Johns Hopkins Hospital Graduate.

#### A REPLY TO S. C. D.

DEAR EDITOR: From a mother's point of view I shall answer S.C.D.'s request for advice regarding the bathing of infants. The greatest aseptic care should be taken of the umbilical cord until it drops off. Usually after ten or twelve days the baby may be put in the bath.

The most pleasant part of maternity work should be the baby's bath. Some nurses say it makes them nervous, but when you know that you know how, better than mother, doctor, grandmother, or aunt, you have courage—an enemy to nervousness. After a mother has waited nine long months to see those little legs kick, I think it only fair that she should have the joy occasionally of seeing her baby bathed, providing, of course, that there is a warm place, free from draughts, in her room, and providing the baby has not formed the habit of screaming all through its bath. The latter can be avoided in nine cases out of ten by the care the nurse takes in handling it during its first baths. The three things they want most in this world are motion, warmth, and food. Motion—they must take that out in wanting, but no wonder after being carried around for nine months that they enjoy the feeling of their father trotting up and down the bedroom floor at night and other motions one might mention. However it is part of every nurse's duty to teach the babe to forget about that. Do not begin the bath nearly two hours after the last feeding, thus making its feeding late. Sure as you do it will cry. Have a stated time for its bath and keep to it. Keep the babe warm. While bathing one part, do not expose another. Have the water at proper heat and it will enjoy the wash cloth. Never let it know what it feels like to slip. They have more confidence in you while they have their clothes on than while they are naked, you find. The first time you put it in a basin or bowl, spread a napkin or towel over the bowl so nothing slippery touches the baby and teach it to put its hands on the two sides as soon as it is old enough. They always think they know best.

In talking with a prospective patient advise her to have a little stork sheeting apron or oilcloth, a square of lamb's wool cloth, and of warm flannelette. These are for the nurse's lap and after the water process is over, pull out the flannelette and dress the babe in the lamb's wool sheet. Two little sterile bowls containing sterile water or boric acid solution should be handy with sterile gauze, one to bathe the eyes, the other to bathe the cord. The soiled dressing can be soaked off with this. If in the country and the patient is unable to get sterile dressings for cord, etc., boil the gauze ten minutes and dry it out in the oven. The doctor usually advises regarding the kind of powder for cord dressing, aristol, red iodide, or boric acid. P. K. L., R.N.

## SUPERINTENDENTS' SOCIETY REGISTRY NEEDED

DEAR EDITOR: Your suggestion in the October JOURNAL that the Superintendents' Society conduct a registry where hospitals and training schools could be "rated" is a most valuable one, and one which to my mind the society would do well to consider seriously.

Very often when considering a position in a distant city or state, the only available sources of information are the managers of the institution or the physicians connected therewith, and in either case a perfectly unbiased opinion is hard to get. If, on taking such a position, a nurse finds that she has made a mistake, she must do one of two unpleasant things, stay on at the expense of at least some of her self-respect (possibly saving the remnant by thinking she can improve conditions), or resign, with the prospect of financial loss to herself, the possibility of being considered a failure by people (even members of her own profession) who do not understand the situation, and with the certainty of a lessened faith in humanity. All of which might be avoided by our having such a registry as you suggest.

On the much-talked-of subject, "The Care of Male Patients," I would like to say to C. R. K., "Them's my sentiments too," and to ask the opposition whether we are using our best efforts for moral prophylaxis, which as members of the Associated Alumnae we stand pledged to do, when we ask a pupil nurse to catheterize a young man in the possession of his senses. Personally I consider that in this matter I am "my brother's keeper."

H. W. K.

## SUGGESTIONS

DEAR EDITOR: My experience in the handling of nervous little girls may be a help to some of my sister nurses.

One little girl had been very ill with diphtheria and scarlet fever with complications. I am sorry to say I was obliged to class the mother among the complications, as she interfered as much as possible with the doctor's treatment and my care. When the doctor suggested my giving the child eggs in different forms, the mother told me, in the child's hearing, that I might save myself the trouble as Mary never ate eggs. The little voice chimed in with, "Yes, I don't eat eggs, I only like pork chops." My answer was, "I know, little one, you never did like eggs; but don't you know that sometimes when little girls have diphtheria they change all over and like the things they never could eat and dislike the things they used to care for?" I thought I was quite safe in adding the last half to counteract the effects of the pork chops, especially as in her delirium she had several times mentioned "pork chops." My suggestion worked like a charm. Thereafter eggs were my greatest asset in the building up the frail little fever-worn body.

Another little girl had no appetite, no desire for food no matter how attractively served. She was three years old. My most successful method in her case was playing "barn yard." Her ears had to be pulled a wee bit to open the barn doors. Then each spoonful was either oats for the horses, grass for the cows, milk for the calves, and so on, until all the animals were fed and the dish empty. For a year she was never known to be hungry or ask for food. She was well in every respect, but nervous and not well nourished.

Now she often says, "Mamma, the horses want some oats." Another plan I tried was taking trips to different cities to see people of her acquaintance. For instance, "This spoon goes to Buffalo to see your Cousin Dorothy." Both methods were quite instructive.

Nurses sometimes have trouble in keeping children's nails nice. I found if I named each little finger a little girl's name, I could hold imaginary conversations with each, and comb and brush their hair, pull their skirts down, and brush their clothes quite successfully.

One little girl I knew bit her finger-nails. They were quite sore at times. Every time I caught her I took time to look over her fingers to see if part of her fingers had begun to drop off. Usually only part of the nail was gone, but soon she was cured entirely of that. Then her nervousness took vent in picking her nose and I cured her of that by carrying a little mirror in my pocket. Every time she picked at her nose I let her look to see if any of her nose was gone. It took a small abrasion in one nostril to effectually cure.

B. P. L.

#### LETTERS ON ARMY NURSING

DEAR EDITOR: I look forward each month with much pleasure to the coming of my JOURNAL. I should enjoy very much a letter on army nursing, if some nurse engaged in that branch of the profession would contribute it.

G. D.

#### THE CRISIS AT ST. BARTHOLOMEW'S

DEAR EDITOR: Naturally the head nurses, past and present, of St. Bartholomew's feel they would have preferred to have one of their own graduates succeed their late matron or superintendent, Miss Isla Stewart, but why decry the largest hospital in England in the way that has been done both in the July and September numbers of the JOURNAL?

As a London Hospital graduate, it is true our term of training is less than St. Bartholomew's, but the opportunities for experience are so much greater, owing to the larger number of patients within its walls. Our certificate is signed at the end of two years, space being left to be filled in at the end of another two years of service, but no nurse is sent out on private duty until her two years are completed.

The phrase in the July number, "running a large private staff for its own profit," gives a one-sided view of the matter, as the direct benefits the nurse herself obtains are many. The nurse receives a stated salary per annum, increasing each year, from the hospital and only receives from the patient her travelling expenses and laundry, while the fees go to the accounts of the institution. On her return from a case, at whatever time of day or night, she is always sure of a separate room provided for her, as well as a warm welcome from the home superintendent in charge of the private nurses only.

If she has been to a long and anxious case, instead of being obliged to spend her hard-earned savings in nursing herself in a lonely room, she is assured of several days' leave together with pay, which she can spend either in the Nurses' Home or away as she desires.

This does not at all detract from her vacation of one month per annum; as one whole day off duty each two weeks is allowed the private nurse, which

may accumulate while away, and can be taken together on her return or added to her annual vacation.

When sick, she has no anxiety, being well cared for by the visiting chief appointed to attend the nurses when necessary in a charming room of twelve beds set aside for that particular purpose. Between her calls she works in the wards, thus being able to keep up with the more recent methods in the various branches of nursing.

Miss Lückes, owing to the large number on her private staff, is thus able to personally select the nurse for each individual case, a factor so vital to the patient's welfare which is often lost sight of.

As one having served on the same private staff, I may say one realizes why Miss Lückes has so persistently held to the ideals she has, during her almost thirty years of matronship, ever kept before her nurses, namely, those of the personal qualities of the nurse being more essential even than the technical qualities of the same.

Surely two such well-established hospitals as those in question can receive one from the other, and unite in the common cause each so earnestly desires, the uplifting of the standard of a trained nurse.

W. W. A.

#### ANSWERS TO EXAMINATION QUESTIONS

DEAR EDITOR: In the September number of the AMERICAN JOURNAL OF NURSING, I noticed a letter signed F. H., asking "would it be possible when publishing, for instance, the examination of the State Board of Examiners for Georgia, to give the answers with the questions?"

For a year past it has been in my mind, that if this were done, it would make the JOURNAL more valuable and more necessary to a greater number of nurses.

First: The private duty nurse who, as the writer states, cannot carry many books, would be benefitted.

Second: It would make the JOURNAL more useful to our teachers, and thus serve to introduce it in a very practical way to the pupils of our schools.

Third: It would mean that copies of the JOURNAL containing the questions and answers would be of great service to nurses preparing to take the state board examinations.

Anything that would increase the usefulness of the JOURNAL to such an extent ought to increase the subscription list, and it is my opinion that it would do so. That it has done so in the case of a medical journal that prints the questions and answers of the doctors' state board examinations, is acknowledged by the publisher of said journal.

In view of this fact, would it not be possible to pay some one to furnish the answers, and let that some one be either the examiner who makes out the questions, or else a recognized teacher in one of our schools. To have the answers furnished in either of these two ways would be more business-like, and would mean less delay than to wait for "the best answer actually given to each question in the examination" (as suggested by the Editor in the September JOURNAL).

I make this suggestion with the full knowledge that the JOURNAL is in no position to entail the additional expense, unless there is good reason to

believe it would bring in adequate returns, but is it not possible that it might prove a good investment?

A subscriber who has been sorely puzzled to know the right answer to some of the examination questions.

[A request has just been sent to the 21 boards of nurse examiners for copies of their examination questions and answers. If the responses to this request are good, and if, as this writer suggests, there is any marked increase in the circulation of the *JOURNAL* as a result, it might be possible to sometime offer compensation for such contributions, but it would be quite impossible at present, or until the value of their publication has been demonstrated. Such material in the *JOURNAL* is purely educational and should be contributed freely by the individuals concerned as one of the means by which we are working through state registration for higher standards of efficiency in our profession.—Ed.]

#### A CORRECTION

DEAR EDITOR: A request for information as to where might be found a paper on associations to which, at a recent meeting of the Associated Alumnae, I had referred as having been written by Mrs. Robb, has led me to look up my remarks on that occasion. To correct an error and for the benefit of any others who might desire information on this matter, let me say at once that the paper in question on "A National Association of Nurses," was referred to as having been written by Miss Dock, and not by Mrs. Robb, although the latter's deep interest in such an organization was spoken of in connection with it. This paper was read at the meeting of the Society of Superintendents in Philadelphia in 1906 and is, so far as I know, published only in the Transactions of the Society for that year. I take it that the report of the discussions at the recent meeting of the Associated Alumnae was prepared directly from the stenographer's notes, and those who speak very rapidly are often followed by the stenographer with great difficulty. Later it is often still more difficult to transcribe such notes with even a fair degree of accuracy, and unless the speaker revises and corrects these remarks before they go to press, the result may be the publication of material which the speaker herself vainly endeavors to comprehend. It is so in the present case. Faithfully yours,

ADELAIDE NUTTING.

[We appreciate the difficulty Miss Nutting refers to in making up the official report of our large meetings from the stenographer's notes. Perhaps all of our members may not understand that these notes pass through the hands of the president and secretary of the association before coming to the *JOURNAL*, where they are still further edited, but even with such thorough supervision it is impossible for all errors to be detected. The only remedy for such mistakes as Miss Nutting has referred to is in selecting a nurse, who is also an expert stenographer, who would be paid for attending the national and state meetings to report and revise the proceedings. The difficulty is that ordinary stenographers, no matter how skilful, do not understand the subjects under discussion and fail to grasp the meaning of statements that would be perfectly clear to a nurse of average intelligence.—Ed.]

## TIME FOR REST

DEAR EDITOR: For some time I have wanted to express my high appreciation of the JOURNAL, and I know of no better time than after reading the article in the October JOURNAL on "A Layman's Opinion." I have heard the argument advanced, particularly by nurses, that only nurses read the JOURNAL, and sometimes a physician, if he chances to see one in a hospital. The JOURNAL should find a large circulation and a place in the home with the monthly magazines. It keeps people in touch with the nursing world, and might create in the minds of the public more charity and less criticism towards the trained nurse. The fault is not always on the nurse's side, for, as the layman expresses the situation, the family where the nurse enters often has no thought for the nurse but all for the patient. If we as nurses would consider that there are rights due us as a profession, and that the family and, nine times out of ten, the physician, too, is too much engrossed with anxiety to consider the nurse, but that we can and should demand our time for rest and sleep, then no misunderstanding could arise. I for one have had many trying cases, but I have yet to find any one object to my taking a reasonable rest. The point to be remembered is for the doctor and nurse to work together, and surely there are too many noble men in the medical profession to wish to see the nurse "put upon" or refused the proper time for rest and sleep. The intelligent, well-trained nurse can and should so arrange her work, with the proper tact, as to get the needed sleep.

Many times the nurse gauges her strength and endurance by her over-worked "superhuman strength" in training. Nurses' hours should be set lower even in training to what the average intelligent man or woman in any other profession has, namely, *eight hours a day*. If superintendents would more generally cut down the long hours in training, we would be better fitted for the struggle we meet in our private work as graduates. The hours of the average nurse are from fourteen to eighteen a day; in training they are ten hours, with classes and lectures extra. How often is the overworked, tired, pupil nurse called back on duty after a busy, trying day to be put on as a "special"—foot-sore, heart-sick, and discouraged, and for what? to fit us for what we must endure as graduates in private duty.

Spare the nurse in training, teach her to know how to take care of herself. By so doing she is better fitted to care for her patient; and the doctor who considers the nurse a "human machine" will soon learn that the nurse does not think first of herself but of her patient, by being able to take care of herself, and will be bright and cheerful in the sick room. N. W., R.N.

## CARE OF MALE PATIENTS

## I.

DEAR EDITOR: A nurse on night duty, while in training, had a patient having uræmic convulsions. She called the night orderly and, instead of losing time by sending him to waken a physician and waiting for him to dress, had the orderly hold the unconscious patient and keep him from biting his tongue while she catheterized him. You can imagine how the confidence thus gained helped her when, after graduating, she was telegraphed for to

go into the country to a patient the doctor would see next day. The patient was suffering agonies and received immediate relief upon catheterization.

In the few cases like this, all honor to the nurse whose privilege it is to relieve suffering, but when people have criticized our profession, and called us hard-hearted and immodest, it has always been my proud boast that in the training school from which I graduated the nursing staff and doctors guarded and shielded the morals and modesty of their nurses in training as a parent would a child.

K. L.

## II.

**DEAR EDITOR:** If I could express myself half as well as C. R. K. has in her letter in the October JOURNAL, I would have written long before this. I agree entirely with everything she said. I have never found it necessary to catheterize a male patient since I graduated, eight years ago. I would do it in cases of emergency as readily as for my own sex.

I wish to relate what I encountered in a small, long-established hospital while substituting. The superintendent's ambition was to train her pupils to the highest standards, morally as well as professionally. No interne was allowed in the hospital, because he might become too familiar with the nurses. When making rounds one morning I saw recorded on a history sheet, "Catheterized, 2 A.M." Calling the nurse, I asked who did this and she said, "Why, I did." The patient, a big strong man, convalescent and walking about, had had an operation six weeks before for appendicitis. The nurse was a pretty young girl of nineteen. Who can explain this situation? The superintendent is a good, conscientious woman, and this must be in keeping with her code of morals, because she wore herself out trying to do the right thing in every way. The president of the board told me that some of their best nurses had gone astray.

The superintendents of my own school were noble, queenly women, broad-minded in every sense of the word, and did not teach us to catheterize male patients; likewise we were not taught to neglect such a duty in case of emergency. The old saying that there is a time and place for everything ought to settle this much-discussed subject in the nursing field.

"A Layman's Opinion" ought to be published in the medical journals, just as a reminder to the doctors, who will forget though they have the best intentions.

I want to add that I borrowed money to secure the JOURNAL for this year, because I consider it necessary to my daily life. A. B., R.N.

**NOTE.**—Letters from "Reader" and from "E. N." cannot be published, as the full name and address of the writers are not sent with them.

## NURSING NEWS AND ANNOUNCEMENTS



### INTERNATIONAL

THE following questionnaire on preliminary training or courses for nurses (probationers) in hospitals (or elsewhere) has been sent out by The International Committee on Education of which Miss Van Lanschot-Hubrecht, 247 Lijnbaan-gracht, Amsterdam, Holland, is secretary.

" I. Is any preliminary training for nurses given (in your hospital, or elsewhere) in your country?

" II. Is it given in the hospital (nurse training school) or outside in some other institution or institutions?

" III. Do the pupils of the preliminary course live in the hospital (training school)?

" IV. How long does the preliminary training last?

" V. What are the subjects taught?

" VI. Do the pupils pay for the preliminary course of training?

" VII. What are the qualifications required for admission?

" Please add a prospectus with any explanatory remarks, giving any further information not covered by the questions.

" Kindly reply not later than November, 1911, to the secretary."

### NATIONAL

#### ITINERARY OF INTER-STATE SECRETARY FOR OCTOBER AND NOVEMBER

OCTOBER 4.—Indianapolis, Indiana, state meeting.

October 10.—Beloit, Wisconsin, graduation, Beloit Hospital.

October 11.—St. Paul, Minnesota, state meeting.

October 15.—Pierre, South Dakota, public meeting, to arouse interest in hospital and training school.

October 17 and 18.—Omaha, Nebraska, state meeting, meeting of superintendents of training schools, meeting of pupil nurses from training schools.

October 21-25.—Boise, Idaho, state meetings in behalf of registration.

October 27.—Spokane, Washington, state meeting.

October 29.—Seattle, Washington, state meeting.

November, exact date not settled, Portland, Oregon, state meeting.

November 14-December 2.—Sacramento, San Francisco, Oakland, Los Angeles, Santa Barbara, Fresno, San Diego, California, meetings of county societies.

It is expected that several meetings of groups of nurses will be arranged for "between times."

### CHANGES IN ARMY NURSE CORPS

APPOINTMENTS: M. Estelle Hine, graduate of the Northwestern Hospital, Minneapolis, Minnesota, reappointed October 14 and assigned to duty in the Attending Surgeon's Office, Washington, D. C.

**Discharges:** Gertrude B. Gilstrap and Louise H. Gutberlet, Manila, P. I., October 10.

**Transfers:** From Washington, D. C., to San Francisco, California, Matilda A. Romeo; from Ft. Bayard, New Mexico, to San Francisco, Cal., Mary E. Craig; from Division Hospital, Manila, P. I., to San Francisco, Cal., Junia Hattie Latimer; from San Francisco to Ft. Bayard, Ella B. King; from San Francisco to Manila, P. I., on Sherman, October 5, Mary F. McLaughlin and Emma Woods.

JANE A. DELANO, R.N.,  
Superintendent, Army Nurse Corps.

#### CHANGES IN THE NURSE CORPS OF THE U. S. NAVY

**APPOINTMENTS:** Mary R. Ridgway, Providence Hospital, Washington, D. C.; Claribel Pike, Danvers Hospital, Hathorn, Mass., post-graduate Bellevue and Allied Hospitals; Martha A. Brooke, Jefferson College Hospital, Philadelphia, Pa., surgical nurse, Touro Infirmary, New Orleans, La.; Anne D. Cockerille, Providence Hospital, Washington, D. C.; Anna A. Wayland, Children's and Columbia Hospital, Washington, D. C.; Catherine Cadden, Medico-Chirurgical Hospital, Philadelphia, Pa.; and Peron E. Jennings, Columbia and Children's Hospital, Washington, D. C., late superintendent of the Children's Hospital and Training School of Washington; Susie I. Fitzgerald, St. John's Hospital, Lowell, Mass., late supervising and operating-room nurse, Boston Emergency Hospital. Miss Fitzgerald was appointed to the nurse corps in October, 1909, but through an oversight her appointment was not published.

ESTHER V. HASSON, R.N.,  
Superintendent, Nurse Corps, U. S. N.

#### CONTRIBUTIONS TO THE ISABEL HAMPTON ROBB EDUCATION FUND

Previously acknowledged .....	\$215.00
Faxton Hospital Training School Alumnae Association, Utica, N. Y....	17.75
Marie L. Lustnauer .....	10.00
Emma Holmes .....	5.00
Sara E. Parsons .....	5.00
Jemima W. Tompkins .....	1.00
Charlotte Ehrlicher .....	5.00
Mathilde Krueger .....	20.00
Alumnae Association, Mercy Hospital Training School for Nurses, Baltimore .....	10.00
Madeline Smith .....	2.00
Catherine McNamara .....	5.00
Alumnae Association, Lakeside Hospital Training School for Nurses, Cleveland .....	25.00
Mary E. Buckley .....	25.00
Alumnae Association, Hope Hospital, Fort Wayne, Ind.....	30.00
Alumnae Association, St. Louis Training School for Nurses.....	10.00
	<hr/>
	\$385.75

Nurses sending personal checks will please remember to add sufficient to pay exchange for same.

Contributions should be made payable to The Merchants Loan and Trust Company, and should be sent to the chairman of the committee,

HELEN SCOTT HAY, R.N.,  
509 Honore Street, Chicago.

**CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO OCTOBER  
15, 1910**

Previously acknowledged .....	\$896.35
Alumnae Association of the Orange Training School .....	25.00
The Presidents' Round Table, Chicago.....	5.00
Nurses' Alumnae of the Medico-Chirurgical Hospital, Philadelphia.....	10.00
Indiana State Nurses' Association.....	32.00
	<hr/>
	<b>\$968.35</b>

**DISBURSEMENTS**

Sept. 24, 1 share of stock purchased from Salem Hospital Alumnae Association .....	\$100.00
Oct. 15, Balance on hand.....	<hr/> \$68.35
	<hr/>

M. LOUISE TWISS, R.N., Treasurer,  
419 West 144th St., New York City.

**NEW HAMPSHIRE**

THE BOARD OF NURSE EXAMINERS OF NEW HAMPSHIRE held its first examination for graduates on October 12, at Concord, ten applicants presenting themselves at the State Library on that date. The highest average attained was 89 per cent. Following are the questions:

**BACTERIOLOGY AND HYGIENE**

8.30 to 9.30 A.M.

1. What are bacteria?
2. What effect has prolonged sunlight on tubercle bacilli?
3. Give the best method of destroying the sputum of tuberculous patients?
4. What is meant by infection?
5. Name some of the best antiseptics in general use, and state the various strengths in which they are effectual?
6. Name five communicable diseases.
7. What is the composition of pure air?
8. Describe briefly the factors concerned in ventilation, and tell how you would secure good ventilation in a sick-room in a private house in cold weather.
9. Why is bathing so important to health?
10. Name the institutions in New Hampshire that care for tuberculosis patients.

**OBSTETRICAL NURSING**

9.30 to 10.30 A.M.

1. What are some of the signs of pregnancy? How would you determine the probable date of labor?

2. Into what stages is labor divided? When should a patient in labor be put to bed, and when should the nurse summon the doctor?
3. How should an obstetrical bed and room be prepared for delivery?
4. What symptoms in a pregnant woman would lead you to fear eclampsia? What could you do before the arrival of the doctor?
5. How should the uterus feel under the hand after the delivery of the placenta? What condition of the uterus would lead you to think there was post-partum hemorrhage? What could a nurse do, before the arrival of the doctor, to control post-partum hemorrhage?
6. How often should the vulva pads be changed, and what precautions should the nurse observe? How soon after birth would you put the baby to the breast? Give reasons. When does the flow of milk begin?
7. What care should be given the breasts of the mother, and the eyes and mouth of the baby? How would you make and apply a breast bandage?
8. What would you do to resuscitate an asphyxiated baby? How many times should the umbilical cord be tied, and why? How would you control bleeding from the cord?
9. Describe the normal stool of a two-weeks' old baby.
10. What is the composition of human milk? What is modified milk?

**MATERIA MEDICA**

10.30 to 11.30 A.M.

1. (a) Give table of apothecaries' weights and measures. (b) What is a prescription?
2. Name the different methods by which medicine may be introduced into the system.
3. What are the symptoms of excessive bromide medication?
4. What is the metric system?
5. How should preparations of iron be given, with reference to food, and why? Define anæsthetics, astringents, diuretics, stimulants, tonics, hypnotics, narcotics, deodorants, emetics, and escharotics.
6. Tell exactly how you would prepare a hypodermic dose of digitalin, gr.  $\frac{1}{50}$ , from tablets each containing gr.  $\frac{1}{100}$ .
7. What symptoms would you consider should be reported when a patient is taking strychnine regularly? Give the symptoms of an over-dose of morphia.
8. How would you prepare a saturated solution of boric acid from the crystals?
9. What are poisons? What is an antidote?
10. Give doses of the following: strychnine sulphate, atropine sulphate, nitroglycerin and chloral hydrate.

**MEDICAL**

11 A.M. to 12.30 P.M.

1. What is pneumonia? State in detail the nursing care and the period of greatest danger to the patient.
2. How may the tubercle bacilli be introduced into the system? How should a case of tuberculosis be nursed?
3. What are bed-sores? What is the prophylactic treatment of the same?

4. For what purposes are baths given? State method of giving a bath for the reduction of temperature.
5. What is typhoid fever? What is the nursing care, and what are the precautions to be used?

**SUBGICAL**

1. State in detail the method of preparing a room in a private house for a major surgical operation.
2. What are the symptoms of post-operative hemorrhage, and what may a nurse do in such emergency?
3. State in detail the nursing care of a perineorrhaphy?
4. Define fracture. Give in detail the nursing care in fracture of the femur.
5. State in detail your method of preparing for and catheterizing a patient.

**ANATOMY AND PHYSIOLOGY**

2 to 3 P.M.

1. What is anatomy?
2. Classify the bones according to their shape; give an example of each, and locate same.
3. Name the excretory organs and state the functions of each.
4. What is the difference between digestion and assimilation?
5. Name the digestive juices and the action of each.
6. Name the organs located in the thoracic cavity.
7. Name chief respiratory muscle.
8. What is the use of water in the system?
9. What is the pulse?
10. Describe the liver.

**DIETETICS**

3 to 4 P.M.

1. Name the different classes into which food may be divided.
2. What useful function may be performed by the indigestible parts of vegetables?
3. What is the food value of milk? Give the composition.
4. Prepare a day's menu for a patient, excluding starchy foods as far as possible, while giving a variety.
5. Why is thorough cooking especially important in cereal foods and not in flesh foods?
6. Give recipe for eggnog, orange albumen.
7. Why is cow's milk more likely to disagree with infants during the summer than in cold weather?
8. (a) Give an outline of a diet for a convalescent typhoid fever patient.  
(b) One for a diabetic patient.
9. Give method of making beef tea, and state the value in a sick-room.
10. Have we been benefited by the "Pure Food Laws"?

**THE CARE OF CHILDREN**

4 to 5 P.M.

1. At what age can other foods than milk be given to children; what articles of food should be given at this age?

2. Give some of the causes of the great mortality in infants.
3. What is artificial feeding?
4. What is ophthalmia neonatorum; state the cause and proper nursing care.
5. Describe the proper care of feeding bottles and rubber nipples.
6. State in detail how you would give an enema to a baby.
7. What would you do for a child in a convulsion before the arrival of the doctor?
8. What precaution would you observe in a case of diarrhoea while awaiting a doctor's instructions?
9. How would you calculate the dose for a child, the adult dose being known?
10. How would you give a hot wet pack?

**ETHICS**

1. What characteristics should every woman possess who enters the nursing profession?
2. (a) With whom should a nurse discuss her patient's condition? (b) If you are nursing a patient and both patient and family are unreasonable and have made many changes in their nurses; if you displease and are discharged, what would you do with your records of the case? Would you leave them for the nurse who is to follow you that she might know the condition of the patient's treatment and its results, or would you destroy the record or take it away with you?
3. What duties has a nurse toward, 1st, the patient; 2nd, the physician, 3rd, herself?
4. What should be the attitude of a nurse toward the organized societies of her profession in her state and nation?
5. (a) When and where should the uniform be worn? (b) Suppose you had just returned to your home from nursing a patient who had diphtheria and an emergency call is sent to you to come to an obstetrical case in your immediate neighborhood. Labor has begun much before the expected time and you were the only nurse available. If both physician in charge and the patient agree to assume the responsibility, would you go to the case?

**MASSACHUSETTS**

THE BOARD OF REGISTRATION OF NURSES has organized by the election of officers, as follows: Mary M. Riddle, chairman; Edwin B. Harvey, M.D., secretary. The other members of the board are Lucia L. Jaquith, superintendent of the Memorial Hospital, Worcester, Mary E. Shields, and Charles A. Drew, M.D., superintendent of Worcester City Hospital. The bill was printed in full in the June issue of the JOURNAL.

Boston.—THE BOSTON NURSES' CLUB will hold an apron and candy sale at the club rooms, 755 Boylston Street, on November 15, from 2 to 10 P.M. Proceeds of the sale are to go toward a furnishing fund.

**CONNECTICUT**

Hartford.—THE HARTFORD HOSPITAL nurses' home is nearing completion and promises to be a wonderfully comfortable and well-equipped building. Nurses will have single rooms on the three floors, with wide verandas for their use, and

the maids will have basement rooms with a veranda, also. On the first floor is a room for class work and lectures, also a room with three beds for the use of nurses slightly ill. On the second floor is a work-room where the nurses may do light washing and ironing and prepare lunches. A folder, issued by the training school, contains in convenient form the lectures for the year, subjects, dates, and names of lecturers, the year opening by an address to the whole school on Nursing Ethics. Evidently the old régime of having the instruction given by physicians is followed, as only massage and cookery have the names of nurses as instructors.

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held a business meeting on October 6, at which reports were given from the chairmen of the different booths of the fair which is to be held November 9 and 10 for the benefit of the endowment fund. All are busy and are meeting with great success, over 1000 tickets having been sold already. It is hoped that they may hear from all members too far away to attend. A number of hospitals have promised dolls. Orders will be taken for the Original Nurses' Cook-Book of Connecticut, and for the calendar which has been prepared for the association. Orders and donations should be sent to Mrs. J. R. Marsh, 856 Howard Avenue, New Haven, Conn.

#### NEW YORK

THE NEW YORK COUNTY ASSOCIATION held its meeting on Tuesday, October 4, at the Nurses' Club, 54 East 34th Street, with a large attendance. An interesting address on social service was delivered by Miss Richmond of the Sage Foundation.

THE NURSES' CLUB has been made the official meeting place of several organizations, and on October 15 the nurses on the staff of the Department of Health gave a tea there.

THE ASSOCIATION OF GRADUATE NURSES OF MANHATTAN AND BRONX announces that meetings will be held at the Central Club, 54 East 34th Street, on Monday afternoons, November 14 and December 12, at 4.30 P.M.

THE MANHATTAN DISTRICT LOCAL COMMITTEE ON RED CROSS NURSING SERVICE held a meeting on September 27 in the club rooms of the Nurses' Central Club House. All nurses in this district who wish to enroll should send to the secretary of the committee, Rose Johnson, Mt. Sinai Hospital, for application blanks.

New York City.—THE BELLEVUE TRAINING SCHOOL ALUMNAE ASSOCIATION has recently elected the following officers: president, Lucy Minnegerode; vice-presidents, Jennie Nash, J. E. White; recording secretary, Mary Reading; corresponding secretary, Annie Damer; treasurer, Emma Paulding. The association has voted to place a memorial to Florence Nightingale, in the form of a tablet or bust, in the new club house which is now nearing completion. The club house is to be known as Osborne Hall, in memory of Mrs. William Osborne, one of the founders of the training school, by whose family the building is being erected. Jennie Nash has been appointed superintendent of Fordham Hospital.

THE MT. SINAI ALUMNAE ASSOCIATION publishes a four-page leaflet, *Mt. Sinai Alumnae News*, which gives reports of the meetings and news items. At the June meeting of the association it was decided to sell two shares of JOURNAL

stock, owned by the association and to donate the proceeds to the Isabel Hampton Robb Educational Fund. Alphasine Disinger, class of 1891, has taken charge of the electrical treatment at the dispensary, combining with this hourly nursing. Bertha Kruer, class of 1894, has taken charge of the tuberculosis clinic in the dispensary, assisted by Rose Kaplan of the same class. Katharine Marr, class of 1905, has accepted the position of superintendent of nurses at the Steele Memorial Hospital, Denver, Col. Miss Thorpe, class of 1901, Miss Haldane, class of 1896, and Miss Miles, former night supervisor, have been abroad.

THE LECTURES ON PUBLIC HEALTH PROBLEMS, given in the Horace Mann Auditorium of Teachers' College, at 5 P.M., on Mondays throughout the year, deal with questions of interest to all nurses. Some of the subjects discussed during October were: The Development of Public Health Work; Water Pollution and Water Purification; Clean Streets as a Factor in Public Health; The Collection and Disposal of Municipal Waste. For November: Communicable Diseases,—Diphtheria, Typhoid, Scarlet Fever, etc., Their Transmission; Communicable Diseases,—Their Prevention; Some Examples of the Control of Infectious Diseases. "The City Milk Supply and its Control" will be discussed by Drs. William Hallock Park, Simon Flexner, and Ernest Lederle.

THE ROCKEFELLER INSTITUTE FOR MEDICAL RESEARCH formally opened its hospital on October 17, when the new buildings were open for inspection from three till six.

CHARLOTTE M. EHRLICHER, who recently resigned her position as superintendent of nurses at the German Hospital, was presented by the pupil nurses, on September 30, the last evening she spent with them, with a beautiful silver loving cup, engraved with an appropriate expression of sincere and affectionate regard. One of the older pupils made a touching address of farewell and, presenting a rose for each of the twelve years of Miss Ehrlicher's devotion to the school, bade her Godspeed. From her associates she received a gold bracelet, also engraved appropriately; and from the alumnae association, a ring set with a diamond and pearl, as a token of appreciation of the interest she has always shown towards the association. Her successor has not yet been appointed.

MISS RICHMOND, late of the General Memorial Hospital, has taken the position of superintendent of nurses at the Roosevelt Hospital. Miss Ross is the assistant superintendent.

**Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE WILLIAMSBURG HOSPITAL TRAINING SCHOOL FOR NURSES was organized by graduate nurses of the hospital on October 8, 1909. The first annual meeting was held on October 14.

#### NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its third semi-annual meeting on November 1, in the Free Public Library, Newark. Addresses were given on "Registration" by Beatrice M. Bamber, and "Oral Hygiene" by R. S. Hopkins, D.D.S.

**Englewood.**—THE ENGLEWOOD HOSPITAL ALUMNAE held the first business meeting of the season on October 5, at the hospital. Plans for the winter's work were discussed. The alumnae will entertain the County Association at the December meeting. A pleasant and profitable meeting is anticipated.

## PENNSYLVANIA

Pittsburg.—MERCY HOSPITAL TRAINING SCHOOL conducted graduating exercises on the evening of September 28, in the clinic amphitheatre of the hospital. Addressees were made by Attorney John E. Laughlin, Dr. Thomas J. Coakley, assistant at St. Paul's Cathedral, and by Dr. I. J. Moyer, who distributed the diplomas. Sister M. Etheldreda, directress of nurses, presented the medals. The Pittsburg College Orchestra furnished the music. There were ten graduates.

MERCY HOSPITAL ALUMNI ASSOCIATION gave the graduating class a reception and dance at Melwood Auditorium on the evening of October 5. The association held its regular meeting on September 29 in the lecture room of the hospital. A large number of the sisters and nurses were present. Mr. Little, of the Associated Charities, gave an interesting lecture on the care of the poor by various organizations. After the lecture, the minutes and reports of the last meeting were read and accepted, and new members were elected. The meeting adjourned until the last Thursday in December.

## VIRGINIA

Staunton.—THE AUGUSTA SANITARIUM, an up-to-date private hospital, recently organized by Doctors Cattell, Whitmore, and Spencer, was opened for the admission of patients in June. A training school for nurses has been established, with a course covering three years, which will include sufficient supplementary training to render the nurses eligible for the State Board examinations. Elise H. Bolling, graduate of Virginia Hospital, Richmond, has been appointed superintendent. She had an assistant during the summer, Henrietta McB. Brodgan, of the same hospital, who was, on October 1st, succeeded by Isla E. Bragg, graduate of St. Vincent's Hospital, Norfolk, for three years assistant superintendent of University Hospital, Charlottesville, Va.

Richmond.—THE RICHMOND NURSES' CLUB arranged for a Florence Nightingale memorial service, which was held in St. Paul's Episcopal Church on Sunday evening, September 18. Dr. Robert W. Forsythe, rector of the church, delivered the sermon, giving a sketch of her beautiful life, from her birth in Florence, Italy, whose name she bore, through her childhood days, when her sympathy and inclination to relieve suffering were shown, the tremendous undertaking of nursing in the Crimean War, her work in work-houses and prisons. The sermon was beautifully ended with Longfellow's poem, *The Lady of the Lamp*. Miss Nightingale's favorite hymns were sung: *The King of Love My Shepherd Is*, *The Son of God Goes Forth to War*, *Oward Christian Soldiers*. More than two hundred nurses were present, the graduates wearing white uniforms and caps, and the pupil nurses the school uniforms of their respective hospitals. They all felt grateful to Dr. Forsythe, Mr. F. Powers, and Miss R. Z. VanVort, R.N., who was chairman of the committee on arrangements.

## OHIO

Mt. Vernon.—EMMA A. DOE will enter the class of post-graduate instruction in the Mt. Vernon Sanitarium, November 1, preparatory to taking up tuberculosis nursing, a result of the appeal for such nurses which was made at the meeting of the Associated Alumnae. Miss Doe was for some years closely connected with the work of the Ohio State Association, but has recently been in Orange, N. J.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold a meeting for examination and registration of applicants, December 1 and 2, 1910, at Lansing Michigan.

F. W. SHUMWAY,  
Secretary.

**Muskegon.**—HACKLEY HOSPITAL TRAINING SCHOOL held commencement exercises on September 16, at the Woman's Club House, Rev. Archibald Hadden, president of the board of trustees, presiding. The report of the school was read by Miss Greener, superintendent of nurses, addresses were made by Dr. John VanderLaan, chairman of the board of examiners, and by Isabel McIsaac, interstate secretary of the Nurses' Associated Alumnae, by whom the modified Hippocratic Oath was administered. The diplomas were presented by Rev. Archibald Hadden to the eight graduates. Two others were unable to be present, one being ill with typhoid, the other studying at Teachers' College in the course of Nursing and Health, preparatory to mission work in India. One of the solos given was by a member of the graduating class. A reception followed the exercises. Miss McIsaac's subject was "Nursing Organizations and What They Are Doing."

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its first annual meeting October 4, 1910, at 2.30 P.M., in the Trustees' Room of the Public Library, in the city of Milwaukee. Present: thirty-four in person, twenty-seven by proxy. President Helen W. Kelly presided. Miss S. S. Mathews made a motion, seconded by Mrs. S. Rowan, that the secretary pass upon the good standing of proxies. Motion carried. Minutes of last meeting were read and approved.

At the suggestion of the chair, Mrs. M. C. Bradshaw made a motion, seconded by Mrs. S. Rowan, that the rules of regular business be suspended and the election of directors be taken up later during this meeting. Motion carried. Miss S. S. Mathews, chairman of the committee on application blanks, presented a blank to the meeting, and after discussion, a motion was made and carried to leave it to the discretion of the committee. Miss S. S. Mathews, chairman of the Red Cross committee, reported that she had chosen the Misses Anna J. Haswell, Madison, Addie Miner, Beloit, Gladys McCune, Wauwatosa, Katherine Maher, Fond du Lac, Maud G. Tompkins, Milwaukee, and Mrs. Mary Duket, National Home, Wisconsin, to serve with her. After explaining the object of the Red Cross, she passed around application blanks and literature covering this work. Miss Regine White, who inquired into a membership for the association in the Milwaukee Society for Sanitary and Moral Education, stated that Mr. Chas. McKenny, president of this society, will take it up with its members and report to this body later. Miss Helen W. Kelly reported that she consulted with Dr. H. Dearholt, secretary of the Anti-Tuberculosis Crusade of Wisconsin, in behalf of this association becoming a member of that movement, with results that Dr. Dearholt requested that each member of the association be taxed 25 cents, per annum, which will cover the expense of the *Crusader* to each member. Upon motion, made by Miss Malinda Reichard, seconded by Miss Emilia Rohrbeck, the association voted a sum, not to exceed \$50.00, for membership dues in the Anti-Tuberculosis Crusade. It was moved by Miss Emilia Rohrbeck, seconded

by Mrs. Bradshaw, that the chair appoint a committee on tuberculosis. Motion carried. The chair appointed Miss Katherine Maher chairman of this committee. It was moved by Malinda Reichard, seconded by Miss Jessie McDonald, that the association send a representative to tour the state for the purpose of talking to nurses and club women on state organization and state registration of nurses. Motion carried. The selection of such a delegate will be made at a future meeting. It was moved by Mrs. Helen Moore, seconded by Miss Elsie Fink, that a sum, not to exceed \$300.00, be voted by the association to pay expenses and a salary for the representative. Motion carried. On a suggestion that the association have a regular meeting place in Milwaukee, Miss S. S. Mathews named the Athenaeum as a suitable place, with an expense attached to it of \$6.50, including tea service, but not the supplies. Upon motion made by Mrs. Sarah Constant, seconded by Miss Lena Wippermann, the proposition of Miss Mathews was accepted. It was moved by Miss Mathews, seconded by Mrs. Rowan, that the regular meetings of the association be held the first Tuesday of every month. Motion carried. The report of the treasurer, N. Elizabeth Casey, was read and on motion of Katherine Maher, seconded by Malinda Reichard, was duly accepted and placed on file. The treasurer's report showed total collection for membership in initiation and annual dues from February, 1910, to October, 1910, \$924.00; total disbursements, \$321.70; balance, \$602.30. Miss Maud Tompkins made mention to this meeting of the Extension Division of the State University, Madison, offering a course for social workers, including instruction for nurses who wish to enter into this field. Classes and lectures will be conducted at the City Hall, Milwaukee, Wis. On motion of Miss Rohrbeck, seconded by Miss Reichard, Anna C. Maloney, Katherine Maher, Mary Pfeffer, Mina Newhouse, and Martha Johnson were elected directors for three years; Mrs. Helen Moore, for two years, to fill a vacancy caused by the resignation of Miss Anne A. Ambridge. Upon motion, meeting adjourned.

THE DIRECTORS OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting after the adjournment of the general meeting, October 4, 1910, at 4.50 P.M., in the Trustees' Room at the Public Library, Milwaukee, Wis. Miss Helen W. Kelly called the meeting to order. Present: Mabel C. Bradshaw, S. S. Mathews, Anna C. Maloney, Helen W. Kelly, Maud G. Tompkins, Susie Rowan, Helen Moore, Katherine Maher, and Regine White. Minutes of previous meeting read and approved. Treasurer's report accepted. The following officers were re-elected: president, Helen W. Kelly; first vice-president, Stella S. Mathews; second vice-president, Anna J. Haswell; secretary, Regine White; treasurer, M. C. Bradshaw, elected to succeed N. Elizabeth Casey.

This board of directors instructed the secretary to extend its vote of thanks in a letter to Miss Casey, outgoing treasurer, for the valuable and efficient service she has rendered the association the past year.

On motion meeting adjourned.

Respectfully submitted,

REGINE WHITE,  
Secretary.

N. ELIZABETH CASEY, superintendent of nurses of Trinity Hospital Training School for fifteen years, resigned and was succeeded by Miss Julia Duffy, from Washington, D. C.

## MINNESOTA

**Rochester.**—THE NURSES OF ROCHESTER met at the Surgeons' Club on the afternoon of October 13 and had the unexpected pleasure of hearing Miss McIsaac, inter-state secretary of the Associated Alumnae, speak on "What Organization Means to the Nurse." The earnestness of her message impressed each one, and they are thankful, indeed, to have had the privilege of listening to such a talk.

## ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES will hold the first examination for the graduate nurse on January 11 and 12, 1911. Notice of time and place of holding said examination to be given later.

For information and application blanks address, Anna Hanrahan, R.N., Secretary, Room 1640, 79 Dearborn Street, Chicago, Ill.

**Chicago.**—ALICE C. BEATLE, a graduate of the Illinois Training School, has been made preliminary instructor of the school. Miss Beatle was, for several years, superintendent of the University Homoeopathic Hospital, Iowa City, Iowa, and has recently been engaged in private nursing in Cleveland.

MERCY HOSPITAL NURSES of the freshman class, thirty-nine in number, began, on October 3, their laboratory course at the Chicago Medical College. Genevieve Dyer has returned to the hospital as assistant anæsthetist. Kathryn Fitzgerald, class of 1910, has been appointed night superintendent. Frances Todd has joined the staff of school nurses.

PAULINE OBERWEISER, class of 1903, and Amelia Munn, class of 1908, Hahnemann Hospital, have taken work in the Isthmian Canal Service. Rebecca G. Pierce, class of 1900, after spending some time in private duty in Chicago, has returned to San Antonio, Texas. Anna Belle VanHorn, who has, since graduation, been the chief nurse in the University Settlement, has gone to California for a much needed rest. Clare Baker has resigned as chief nurse at the Watertown Insane Hospital.

THE CHICAGO POLICLINIC SCHOOL OF NURSES held graduating exercises for a class of fifteen in Henrotin Memorial Hospital on October 12. Light refreshments were served following the programme, and in the evening the class was given a theatre party. Miss Woolfenden, R.N., of Ravenswood Training School, who has been night supervisor, succeeds Miss Asseltine as assistant superintendent of Henrotin Memorial Hospital. Miss Asseltine becomes superintendent of Ryeburn Memorial Hospital, Ottawa, Ill., succeeding Miss Bingham, who is soon to be married. Jean Taylor, who has been taking graduate work in New York City, has accepted the position of night supervisor. Miss Seabury, formerly surgical nurse at Augustana Hospital, has become surgical nurse at the Chicago Polyclinic.

## INDIANA

THE INDIANA STATE NURSES' ASSOCIATION held its eighth annual convention in Indianapolis, October 4 and 5, in the Y. W. C. A. The meeting was called to order by the president, Miss Sollers, and Rev. H. G. Hill invoked the Divine blessing upon the work. The words of greeting by T. C. Kennedy, president of the Indiana State Medical Society, were most cordial and commendatory. A response was made by Miss M. Marples, of Cambridge City. The members were much gratified to receive from the Indiana State Medical Society, through Dr.

J. N. Hurty, secretary of State Board of Health, a request to co-operate with them along the lines of education and legislation on the work of preventable blindness or the prevention of ophthalmia neonatorum, and also to co-operate in work of securing school inspection. Needless to say, they were most happy to pledge their support of these measures. The main feature of the meeting was the heart to heart talk by Miss McIsaac upon "Our Future, What Will We Make It?" This was a grand treat and it certainly is a wise provision of the Associated Alumnae to give its members such a wise counsellor. Miss L. M. Cox, president of the Indiana State Board of Nurse Examiners, read an interesting paper on state registration. The paper by Dr. G. B. Jackson on "The Trained Nurse in Obstetrics" was interesting and helpful, as was also the paper by Dr. Goethe Link on "The Rôle of the Trained Nurse in Gynaecology." There were short talks by nurses engaged in the different kinds of new work: "The Nurse in Free Dispensary," Miss McCoy; "The Nurse in Public Parks Playground," Miss Gerard, and "The Nurse in the College Residence," Miss Mills. The delegates of affiliated societies gave encouraging reports of the work in their communities. The invitation from the Epworth Hospital Alumnae of South Bend to meet with them in the semi-annual convention in early spring, 1911, was accepted with great pleasure. The report of election was followed by the address of the out-going president, who had served two years faithfully and well. The officers elected for the new term are: president, Dr. Maude McConnell, R.N.; vice-presidents, Frances M. Ott, R.N., Edith Baynes, R.N.; secretary, Mae D. Currie, R.N.; treasurer, Mrs. M. S. Elliott, R.N.

Respectfully submitted,

M. D. C.,  
Secretary.

THE INDIANA STATE SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its annual meeting in the Protestant Deaconess Hospital, in Indianapolis, on October 3, 1910. The president, Florence Martin, of the City Hospital, Indianapolis, called the meeting to order. The minutes of previous meeting were read by the secretary, Mrs. Edgerly. There was a musical selection given by Adele Vitz which was much enjoyed. Fanny E. Knecht read a paper on "The Value of Practical Demonstration to Pupil Nurses." The election of officers is as follows: president, Mrs. Lillian Edgerly, R.N., superintendent Home Hospital, LaFayette; secretary-treasurer, Fanny E. Knecht, assistant superintendent Protestant Deaconess Hospital, Indianapolis. The society was escorted through all departments of the hospital and refreshments were served in the parlors of the nurses' home in the hospital.

THE INTER-STATE SECRETARY reports, as an interesting incident of the state meeting, her meeting a Mrs. Bryce who is a Bellevue graduate and was Miss Hampton's first head nurse, having taught her how to make her first straw bed when she entered as a probationer.

#### IOWA

Dubuque.—THE STATE RED CROSS COMMITTEE met here recently and laid plans for its winter's work.

THE DUBUQUE COUNTY ASSOCIATION has secured the sale of Red Cross Christmas seals for that county.

Des Moines.—ROSE MAHONEY, graduate of Mercy Hospital, has been

appointed third school nurse, and this year the school nurses are making visits to the parents for the first time.

Burlington.—OLIVE GRABER spent a few days in Des Moines investigating the methods of school nursing preparatory to taking up the work in this city.

#### COLORADO

THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its fall meeting in Pueblo, September 24. After the usual routine of business Mrs. Hollister, president of the Colorado State Federation of Women's Clubs, extended a cordial greeting and a word of welcome to the visiting nurses. The papers read were very instructive; they were: "Florence Nightingale," by Addie Hathaway; "Report of the Associated Alumnae Meeting," Louise Perrin; "Why Nurses Should Belong to State Associations," Mary B. Eyre; "Typhoid Fever," Dr. Corwin. After a long automobile ride the members were entertained at dinner by the Pueblo nurses. A very pleasant time was enjoyed by all present. The next meeting will be held in Denver, in February, 1911.

The following resolutions were adopted:

WHEREAS, In the death of Mrs. Hunter Robb the nursing world has lost one of its most valuable members, who during her lifetime has taken such an active interest in everything for the improvement and betterment of the nursing profession, therefore be it.

*Resolved*, That the Colorado State Trained Nurses' Association place on record this testimony of its appreciation of her work, which has not gone to the Great Beyond with her, but will grow and spread more rapidly now than it did during her lifetime, as it will be nourished by a memory that is cherished by every trained nurse in this United States, that received her first lessons in nursing from "Isabel Hampton." Be it further

*Resolved*, That these resolutions be spread on the minutes of this association, and that copies be sent to the bereaved family and the AMERICAN JOURNAL OF NURSING.

CAROLINE J. MILLER,  
LAURA A. BEECROFT,  
ADDIE HATHAWAY,

Committee.

Denver.—THE COLORADO TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting in the Nurses' Home, County Hospital, October 11. A committee was appointed to secure funds for the furnishing of a room for use of sick nurses in the new wing of the City and County Hospital. After hearing several papers on Red Cross nursing, the members played a Red Cross card game, prepared by the historian. The one answering the most questions correctly received a book as prize. The idea afforded a golden opportunity of seeing how much attention is paid to the reading of papers. An enjoyable evening was spent by all present.

#### WASHINGTON

Seattle.—THE KING COUNTY ASSOCIATION OF GRADUATE NURSES held a regular meeting at the Assembly Hall, Henry Building, October 3, with twenty-one members present. In the absence of both the president and vice-president, the chair was taken by Miss Durkin who called the meeting to order at 3.30 P.M.

After the reading of the minutes and the reports of the different committees, Mrs. Bebbie Davies, visiting nurse for the Anti-Tuberculosis League, reported the case of a young woman, who had had a few months' training in a small hospital near Seattle, and asked for assistance for her maintenance in the Sanitarium at Riverton, where she was occupying the Nurses' Cottage. Twenty-five dollars was voted for her assistance and the members were asked to give individually. A committee was appointed to draft a resolution of sympathy to two of our charter members, Mrs. Gilbert and Miss Slater, on the death of their brother. Nomination of officers for the coming year by informal ballot occupied the balance of the time. Meeting adjourned at 5 P.M.

**ALICE KERSHAW**, a graduate of the Homeopathic Hospital, Rochester, N. Y., has been appointed visiting nurse for the Catholic Social Betterment League of Seattle. Margaret Rice, who, on account of ill health, has been obliged to resign from active work for some months, has disposed of her business, Emergency Outfitting Co., 310 Cobb Bldg., to Miss M. A. Renwick, R.N., and is at present visiting in Buffalo, N. Y. Miss Renwick, who is a graduate of St. Luke's Hospital, St. Paul, Minn., has had the advantage of experience in the East and will make a special feature of obstetrical outfit.

**TACOMA.**—THE PIERCE COUNTY GRADUATE NURSE ASSOCIATION held a regular meeting in the Nurses' Home of the Fannie C. Paddock Hospital, October 3, 1910, at 8 P.M., with eleven members present. Minutes of last meeting were read and approved. Dr. E. A. Rich, a well-known physician of this city, gave a most instructive talk on Infantile Paralysis, which was much appreciated by those present. Mrs. E. B. Cummings read the treasurer's report for the month. Miss Weller gave report of standing committee. One application for membership was received and accepted. Under new business, Miss Weller gave a talk on the advantages of the association being represented in the Presidents' Club of Tacoma. It was decided that the association affiliate with the Presidents' Club. Mrs. Cummings suggested that the annual election of officers be held November instead of January; this was approved by the members present. It was moved by Mrs. Cummings, and seconded by Miss Goth, that an invitation be extended to Miss McIsaac to stop in Tacoma and meet as many of the nurses as possible, while on her trip to the Pacific coast. It is also hoped that Miss Snively may be entertained while she is in this great Northwest. After enjoying the dainty refreshments served by Miss Weller, the meeting adjourned until November 7. The association wished every happiness to two nurses who have been recently married,—Miss Larsen to Mr. Christensen, and Miss Bebbie F. Wardendyke to Mr. George F. Murray, on September 22, 1910.

#### CALIFORNIA

**Los Angeles.**—THE LOS ANGELES COUNTY NURSES' ASSOCIATION held its first meeting of the winter at the Guild Hall of St. Paul's Pro-Cathedral on October 4. A special programme as a memorial to Florence Nightingale was arranged, including an address by Dr. Norman Bridge, Extracts from the Life of Florence Nightingale, by Mrs. Janette Peterson, and a paper on Florence Nightingale and the Crimean War, by Margaret Scott. A business session preceded the programme and a social hour followed.

**French Camp.**—THE SAN JOAQUIN COUNTY HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement on August 31, graduating five nurses. The

address was given by George McNoble, and after the exercises refreshments were served on the lawn.

**UNCLASSIFIED**

(Name of state and city not given)

ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION elected the following officers at its regular monthly meeting: president, Elizabeth G. Albert; vice-president, Mary Powers; secretary, Nellie Tidd; treasurer, Cornelia McMenamin.

**BIRTHS**

ON May 30, to Mr. and Mrs. Hans C. Klintrup, a daughter, Helen Carlotta. Mrs. Klintrup was Mae Warner, class of 1903, Mt. Sinai Hospital, New York.

ON July 7, to Dr. and Mrs. Charles Rosenwasser, a daughter, Jean Elizabeth. Mrs. Rosenwasser was Margaret Wright, class of 1901, Mt. Sinai Hospital, New York.

ON September 21, at Red Wing, Minnesota, a daughter to Mr. and Mrs. George B. Cook. Mrs. Cook was Inga Thoen, class of 1909, St. John's Hospital, Red Wing.

**MARRIAGES**

ALICE SMITH, graduate of Mercy Hospital, Chicago, to James Perkins. Mr. and Mrs. Perkins will live in Panama.

ON July 6, in Ovid, N. Y., Anna Kinne, class of 1907, Mt. Sinai Hospital, New York, to John Graham Gordon, M.D.

ON August 10, in Brooklyn, Maude L. Flannery, class of 1908, Mt. Sinai Hospital, New York, to W. J. McDermott.

ON September 14, in New York City, Grace Hustwayte, class of 1908, Mt. Sinai Hospital, New York, to D. A. Harlow.

CLOE PARE, a graduate of Mercy Hospital, Chicago, to Charles McMorrow. Mr. and Mrs. McMorrow will live in Chicago.

ON June 1, at New Rochelle, N. Y., Isabel Rose, class of 1905, Mt. Sinai Hospital, New York, to John Partridge Warren.

ON August 3, Ida M. Hays, R.N., class of 1905, Indianapolis City Hospital, to M. Guy Burroughs. Mr. and Mrs. Burroughs will live in Muskogee, Oklahoma.

ON July 12, at Advocate, Nova Scotia, Sadie J. Knowlton, class of 1905, McLean Hospital, and class of 1908, Massachusetts General Hospital, to F. L. Hill, M. D.

ON August 6, Mary S. Dillon, R. N., graduate of Garfield Memorial Hospital, to Roland Nott Jefferson. Mr. and Mrs. Jefferson will live at 1711 North Capitol Street.

ON July 6, at Mamaroneck, N. Y., Beatrice Monica Ainley, class of 1898, Mt. Sinai Hospital, New York, to Don Ignacio Calderon, Minister to the United States from Bolivia.

ON August 2, at Toronto, Canada, Florence Davidson, class of 1904, Hahnemann Hospital, Chicago, to E. O. McWilliams. Mr. and Mrs. McWilliams will live in Pittsburgh, Pa.

ON September 15, at Chicago, Nellie Cecile Myers, class of 1908, Hahnemann Hospital, to Paul Mitchell Cliver, M.D. Dr. and Mrs. Cliver will live at 3716 Prairie Avenue, Chicago.

ON July 14, Mary E. Bradley, R.N., graduate of Sibley Memorial Hospital, to Charles Clifford Wright. Mr. and Mrs. Wright will live at 741 11th Street, S. E., Washington, D. C.

ON September 2, at Hettinger, North Dakota, Elizabeth Jane Rood, class of 1907, Hahnemann Hospital, Chicago, to Emmett Gordon Zook. Mr. and Mrs. Zook will live in Maltby, South Dakota.

ON August 8, at Port Orchard, Wash., Daisy A. Hopper, graduate of the University Medical College Hospital, Kansas City, Mo., to Clifton W. Craig. Mrs. Craig is a member of the King County Association of Graduate Nurses of Seattle.

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#### DEATHS

ON September 27, at Mt. Sinai Hospital, after a short illness, Isabelle Lodovic, class of 1889.

ON October 1, at her home in Clarksburg, Ontario, Canada, Lavinia Hartman, class of 1902, Boston City Hospital.

DURING the past summer, in Maine, Rowena Ketchum, an associate member of the alumnae association of the University of Pennsylvania.

ON August 16, at the Jefferson Sanitarium, Roanoke, Virginia, Mrs. Delphine Campbell Phillips, of Salem, Virginia, after a long illness. Mrs. Phillips was an active member of the Virginia State Association.

IN Chicago, Mrs. Nathan I. Fox, who was Anna S. Palis, class of 1902, Jewish Maternity Hospital, Philadelphia. Mrs. Fox had been a member of the alumnae association of the training school of this hospital since its organization and while in Philadelphia was active in its work, performing the duties assigned her with ardor and fidelity. The members of the association were greatly shocked by the news of her illness, as her modesty and reserve had prevented her from telling them of its serious nature. They have placed a perpetual wreath upon her grave.

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## BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

**CHILD-EMPLOYING INDUSTRIES:** Report of the Sixth Annual Meeting of the Child Labor Committee. Published by the American Academy of Political and Social Science, Philadelphia.

The report of the National Child Labor Committee becomes, with each year of its issue, a more and more important item in the literature of social science. The present number contains papers from many well-known enthusiasts in the cause of child labor reform—among them, Felix Adler, Florence Kelly, Rabbi Wise, Hon. E. J. Watson, Richard K. Conant, Mrs. J. Borden Harriman, Homer Folks, A. J. McKelway, and many others.

The surprising feature of the work of the National Child Labor Committee is the indifference with which the cause is regarded by the legislature. States are slow in adopting laws to restrict and to regulate child labor, and, more remarkable still, the states where one expects prompt remedial action are the ones which retard the great national reform. New England is the object of reproach from less highly cultured states because New England standards are by no means an example to the West and the South. Pennsylvania, too, makes for the retarding of justice and mercy by allowing children to work a twelve-hour day. Possibly the National Child Labor Committee does not recognize the fact, patent to most, that chivalry is most conspicuous by its absence in the great centres of civilization and education.

**How to SLEEP.** By Marian M. George. A. Flanagan Company, Chicago and New York.

There is a popular tendency now-a-days to pursue our daily life by scientific rule; and when one considers how many people do the common acts of existence wrongly instead of rightly, we feel inclined to applaud the faddists who count their mastications, and measure their drinks of water, and weigh their daily bread. In like manner we applaud those who make a business of getting their hours of work and play and rest arranged, so that one shall not encroach upon the other, and that there may be no danger of robbing Peter to pay Paul, as the saying

goes. There is no part of the machinery of our daily life more badly treated than our sleeping, and it is a deplorable fact that once the sleeping machine gets out of gear it is a hard matter to get it right again. Mrs. George gives us the formula for keeping ours in order if we are still able to claim normal powers, and also teaches us the way to regain the normal if it has been interrupted. If one cries out against her rule of early to bed and early to rise, he is reminded that we cannot have anything worth while without paying a price for it. Early hours for all, but especially early hours and long full hours for children, Mrs. George insists upon. There are a number of practical common-sense remedies given for sleeplessness, among which one finds many old friends and also some which are quite fresh and untried.

Mrs. George claims only to have collected and arranged and edited the book. It is a work of much ingenuity and deserves the commendation it has earned. A feature of the book is the collection of bedtime poems and stories for the little folk. This, as in fact does the whole book, shows a wide range of reading and careful selection.

**FOOD AND DIETETICS.** By Alice Ashby, R.N., Superintendent of Norway's Sanatorium, and Principal of Training School; Graduate of Flower Mission Training School, City Hospital, Indianapolis; Late Superintendent of the Indianapolis City Hospital Training School; Late Superintendent of Hospital and Principal of Training School, Reid Memorial Hospital, Richmond, Ind.; Member of the American Society of Superintendents of Nurses. Published by the Author.

This book, which consists in part of notes from Hutchinson and others, shows that the compiler has made a careful study of her subject, and having selected the most important facts in the subject, has arranged them in simple form to meet the requirements of the smaller schools for nurses where only a limited time can be given to the subject. The theoretic work is perhaps too much curtailed to give the larger share of time to the practical.

The first part of the book is concerned with food and digestion in the normal body; the second part of the book takes up the diet in disease, and the practical part of each lesson makes suggestions for providing all the change and variety possible in restricted and special diets. The book has two faults that Miss Ashby will avoid as she gains experience—the binding of the book in pamphlet or magazine form, thus giving it the appearance of being only a casual visitor to the class-room, and an unfortunate use of abbreviations not authorized by ordinary rule.

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